



## Why demography needs psychology

Gillian Pepper, Lisa McAllister  
and Rebecca Sear consider  
fertility and population dynamics



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Psychological Society  
Promoting excellence in psychology

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**The British Psychological Society**  
Promoting excellence in psychology

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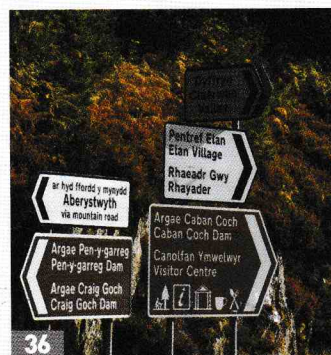
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*The Psychologist* is the monthly publication of The British Psychological Society. It provides a forum for communication, discussion and controversy among all members of the Society, and aims to fulfil the main object of the Royal Charter, 'to promote the advancement and diffusion of a knowledge of psychology pure and applied'.

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### 6 years ago

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for our archive, including a special issue on social inclusion

## the issue

I try to ensure that each January is a rebirth, of sorts, for *The Psychologist*. This month, alongside articles on population dynamics and reproductive health, you may notice the odd new arrival.

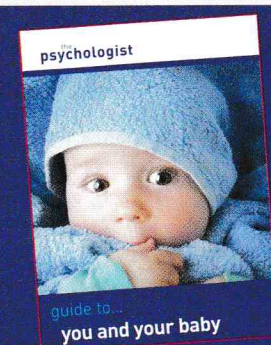
In the centre pages, you will find our first 'The Psychologist guide to...', this one on 'you and your baby'. We hope that a warm glow of parental pride will prompt you to pull it out and pass it on, to spread the word about psychology, *The Psychologist* and the Society.

Speaking of the Society, at the other end of the lifespan are those particular pages. They've been killed off, but live on throughout: it's *all* a Society section. The President's column becomes a President's letter (see p.5), our figurehead right in amongst the membership with a new brief to actively prompt discussion and debate.

More development is imminent, including an app and new formats. As *The Psychologist* turns 28, it's time to turn back the clock and grow up all over again. Please do look out for and respond to our reader survey: it's your chance to shape us.

**Dr Jon Sutton**

Managing Editor @psychmag



### The Psychologist guide to...

**you and your baby** centre-page pull-out  
In the first of an occasional 'guide to' series, designed for you to pass on to your family and friends, we get simple evidence-based tips for those first few months



# Flailing against a tide of evidence

'What', asks clinical psychologist Oliver James, 'would lead to acceptance of the null hypothesis of the Human Genome Project as regards psychological traits?' (Letters, December 2015). The answer to this question is a scientific literature that looks very different indeed to the existing one. In his letter, James exploits the complex nature of behaviour genetics to sow confusion about what geneticists have found.

James concedes that genes influence height, but then denies that the same is true for psychological traits. Yet the evidence for both inferences comes from exactly the same scientific methodology. All kinds of behaviour-genetic investigations (twin studies, family pedigree studies, adoption studies, and newer DNA-based studies) show consistent results when it comes to height and to psychological traits such as IQ, personality, and many other psychological measures [links can be found with the online version of this letter, via <http://thepsychologist.bps.org.uk/debates>].

James refers to Robert Plomin telling *The Guardian* 'I have been looking for these genes for fifteen years and I don't have any', but this is an out-of-context quote mine. To be clear, we can know that a trait is genetically influenced (from methods such as twin studies) without knowing the specific genes involved (knowledge about which comes from different methods, such as genome-wide association studies). Thus, Robert Plomin is noting that, whereas we know that many psychological traits are strongly heritable, we do not yet know many of the specific genes involved (the reason for this is that very large studies are needed to have the statistical power to detect specific genetic associations; these take longer to put together than the average study). There is nothing contradictory or surprising about this.

In any case, James is out of date: genome-wide association studies in 2014 and 2015 have uncovered specific genes related to educational performance, to IQ, and to the personality trait of neuroticism. Even larger studies with even more impressive



genetic results are on the way. Since we are only at the beginning of our use of genome-wide association studies, and since very large samples are needed to detect the very many genetic variants that relate to psychological traits, nobody sensible should expect that we would know a large proportion of them by now. Just take a look at Figure 1 in the 2014 *Nature* article from Jonathan Flint and Marcus Munafo ([tinyurl.com/zj4ypld](http://tinyurl.com/zj4ypld)). As sample sizes have increased, so have the number of genetic variants found (in this case linked to schizophrenia).

contribute

## THE PSYCHOLOGIST NEEDS YOU!

### Letters

These pages are central to *The Psychologist's* role as a forum for communication, discussion and controversy among all members of the Society, and we welcome your contributions.

Send e-mails marked 'Letter for publication' to [psychologist@bps.org.uk](mailto:psychologist@bps.org.uk); or write to the Leicester office.



Letters over 500 words are less likely to be published. The editor reserves the right to edit or publish extracts from letters. Letters to the editor are not normally acknowledged, and space does not permit the publication of every letter received.

### ...and much more

We rely on your submissions throughout the publication, and in return we help you to get your message across to a large and diverse audience.

'Reach the largest, most diverse audience of psychologists in the UK (as well as many others around the world); work with a wonderfully supportive editorial team; submit thought pieces, reviews, interviews, analytic work, and a whole lot more. Start writing for *The Psychologist* now before you think of something else infinitely less important to do!' Robert Sternberg, Oklahoma State University

For details of all the available options, plus our policies and what to do if you feel these have not been followed, see [www.thepsychologist.org.uk/contribute](http://www.thepsychologist.org.uk/contribute)



## The mind in science

I have no idea what epigenetics or junk genes have to do with James's argument: he appears to have thrown them in in an attempt to sound more scientific. He does, however, mention the purely DNA-based method of Genome-Wide Complex Trait Analysis (GCTA), which tests whether individuals who are similar in DNA variants are also similar in their phenotypic traits. It allows estimation of the heritability of psychological traits without the assumptions of twin and family methods – assumptions that James has been attacking for years. That is, GCTA is a compelling piece of evidence against James's worldview, but he does not appear to have realised it.

The era of 'candidate gene' studies James refers to, where scientists tested relations between specific, theoretically relevant genes and phenotypic traits, did indeed have a replicability problem, but researchers have learned the lessons and moved on towards genome-wide association studies. Then James turns to the idea of the 'missing heritability': if one adds up the contributions of all the genes we know about that are related to a trait, they do not explain as much variation as we'd expect from the twin study estimate. But as I argued above, we should not expect to have found the vast bulk of these genes by now. This is principally because of the huge sample sizes required to find genes for complex traits:

James is once again jumping the gun quite spectacularly to suggest that progress in genetics is about to dry up.

Evidence for the heritability of psychological traits comes not just from twin studies, but from adoption studies, family pedigree studies, and directly from DNA (the GCTA method). The estimates from all these different designs, which entail different assumptions, hang together remarkably well. All these issues were discussed in a recent debate in the criminology literature (e.g. [tinyurl.com/plmz96x](http://tinyurl.com/plmz96x)).

In a crowning irony, James – who has spent decades flailing, Canute-like, against a tide of genetic evidence disconfirming his cherished beliefs – accuses Robert Plomin of an attitude 'more like faith than science'. To repeat, James is confusing evidence of heritability with evidence for specific genes. Bearing that in mind, Plomin's statement is not outrageous in the slightest. Of course, as I noted above, we are beginning to find specific genes related to psychological traits, so the journalist's question to Plomin is moot. James's argument boils down to 'Show me the genes!'. It seems safe to say that he will look even sillier in a few years, when many of these genes are known.

In his final paragraph, James proposes that we should teach students to be as confused as he is about behaviour genetics. On the basis of all the evidence cited above, I can't say that I agree.

Stuart J. Ritchie

University of Edinburgh

I would like to add some philosophical observations to recent contributions on the performance of psychological research.

There is a fundamental 'uncertainty principle' in psychology because the study of behaviour can change it, intentionally or not, whilst psychological research cannot control for the incalculable influences of its findings. In addition, psychology is open to the accusation of being subjectively invested in its subject matter to the detriment of 'pure objectivity' – after all, don't we start with subjective premises like thoughts, feelings, memories, attitudes, etc? And, despite the physical sciences being just as susceptible to 'confirmation bias' they seem better placed to get away with the trick of being 'essentially objective' – as if 'objectivity' is independent of the meaning we give to it. In fact, it may be fair to say that scientists are more like tinkerers than independent observers, and to make this point I take my cue from the works of Thomas Kuhn (1962) and Karl Popper (1957).

Science faces a continuous challenge to determine the facts, which, aside from the most general of interpretations, are rarely conclusive. Indeed, the ideal of science – that the facts will speak for themselves – is a complete myth. Furthermore, every fact is a fact in multiple contexts, and its isolation does not necessarily reflect its true nature. Evidence, such as it is, is a construct of the questions we ask, and is limited by all those we fail to ask. In general terms, there is no evidence without a mind to be convinced, and it doesn't matter how objective we strive to be, we cannot escape the fact that there would be no objectivity without a subjective backdrop; indeed objectivity exists as a selective version of subjectivity. It is no wonder then that as the evidence accumulates, we find ourselves overturning or re-interpreting facts of prior

investigations that were hitherto taken to be conclusive.

In reality, science remains a community of tinkerers. We like to think that our discoveries bolster our claims to have mastered the facts and that we know what we are doing because, like Little Jack Horner, we have managed to pull the plum out of the pie. And though we might have good reasons for selecting our pie, our generalisations don't mean that the facts have told us what to think, or that the 'hard evidence' runs our research – indeed it remains very much the opposite. Meanwhile, we strive to remain in control of our selections, so ensuring that the results remain subject to our foibles – which is why, as Karl Popper pointed out, we can always find confirmations of our pet theories and still be wrong.

A cynic might conclude that reliability and replication thereby serve to promote a line of research at the expense of the wider truth. But what kind of truth is to be found outside research? It would seem that the answer lies in our assessments of validity, so long as we remember that those assessments remain no more than that – since no fact speaks for itself whilst it requires a theory to speak for it. Nevertheless, there is one conclusion we are entitled to draw on the basis of our privileged position as subjective entities in an objective universe – that no matter how research proceeds and performs in the future, it remains relative to the unique 'contamination' of the mind in science, and necessarily so, albeit, paradoxically, not necessarily sufficient to convince us.

Mike Laidler MBPsS  
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# Open science and trustworthy data

In our letter (November 2015), we urged the Society's boards and senior committees to respond to the very serious problems of replicating psychological research that were revealed by the meagre 36 per cent success rate of the Reproducibility Project's report of 100 attempted replications. In reply, Professor Andy Tolmie commented that 'low *n* research may be a more endemic part of the problem than any deliberate attempts at massaging data'. However, low *ns* were not the problem for the Reproducibility Project because a priori power analyses for the replications indicated that a 92 per cent replication rate was predicted based on the originally reported effect sizes.

The Project's report (Open Science Collaboration, 2015) noted that the best predictor of replication success was the effect size observed in the replication, which is independent of sample size. Sadly, the average effect size for the replications was less than half of that for the original studies. The report described the original studies as having 'upwardly biased effect sizes'. It seems likely that the psychology literature reflects questionable research practices that can inflate effect sizes, such as: *p*-hacking, unreported removal of troublesome data, and capitalising on chance through selective publishing after adjusting a paradigm to produce significant results or reporting a 'successful' dependent variable but not those showing smaller effects.

One issue that we raised in our letter was the temptation faced by junior

researchers to further their careers by removing, adjusting or inventing data. The rewards for such data manipulation can be considerable, while the dangers of discovery under present systems are very small. A recent case provides an illustration: Manipulation of data by a junior author has led to the withdrawal of papers from recent issues of three leading psychology journals (*Journal of Experimental Psychology: Human Perception and Performance*; *Attention, Perception & Psychophysics*; and *Psychological Science*). Details of this case can be found at [tinyurl.com/jo4n8my](http://tinyurl.com/jo4n8my). Of course, senior as well as junior researchers have provided false data: Diederik Stapel's well-known case ([tinyurl.com/5tlc4vp](http://tinyurl.com/5tlc4vp)) is a powerful example. We expect that most researchers provide complete and accurate data, but it is clear that psychological researchers are subject to temptations and that rewards can sometimes overcome integrity.

Today's technology facilitates sharing data between members of a research team as the data are collected, including details of the date, time and conditions of collection. If researchers were to update these records in real time, including (where possible) contact details for the participants, other members of the research team could routinely contact a sample of the participants to check that they had been tested as claimed. A similar policy could be adopted by research students and their supervisors. Just as papers report inter-rater reliability, they

would report the percentage of participants who had been verified and provide clear explanations of any discrepancies. Of course, this procedure would not prevent determined fraud or data doctoring, but it could be one step towards redressing the balance between the benefits and costs of inventing data. The present arrangements, where the participants whose data form the basis of important psychological research claims cannot be traced, might surprise anyone from outside psychology who decided to evaluate the reliability of the discipline.

Tackling the multiple sources of the problem of reproducibility will involve wide, serious and determined efforts that are likely to require a change in the way that research is conducted. However, with a government seeking to make very major cuts in public spending, psychology must be able to defend itself from an accusation that much research funding is being wasted because its research findings cannot be trusted. As a discipline, we must take steps to guard against falsification of data, selective reporting and overreliance on *p*-values rather than effect sizes.

Professor Peter E. Morris  
Dr Catherine O. Fritz  
University of Northampton

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# Video games – research shortcomings

I was very interested to read Jon Sutton's review of the BBC *Horizon* programme 'Are Video Games Really That Bad?' ('Will it ever be "game over" for this debate?', November 2015) because it articulated several of my own concerns when I watched it.

Having just covered the topic of research on video gaming with my students as part of their A-level course, I encouraged them to watch the programme. They did so, and we had a lively class discussion afterwards; but when I set them an essay on the subject, gamers to a man, they ignored all the studies by

Anderson, Bushman, etc. studied on the course and wrote almost exclusively about the optimistic vision featured in the second half of the TV programme. Back to the drawing board with their understanding of balanced evaluation then.

I share Jon's frustration too at psychology not being able to settle the 'effects model' (i.e. the belief that video games make people violent) one way of the other, and what it says to non-psychologists, let alone other scientists, about our subject's potential to answer definitively questions about behaviour that are of

continuing public concern. If video games are a factor in aggression, surely this is important to know, not so much because some (relatively few) gamers engage in criminal violence, but because millions of gamers could potentially be approaching everyday interactions more aggressively – at work, in college, with their families or behind the wheel. I am not suggesting this is the case, simply that we just do not know if it is, and



psychology ought to be able to tell us. It was also unfortunate that the programme sidelined the issue of gaming addiction, which

I suspect is the real one according to anecdotal evidence and personal experience. Ironically perhaps, it seems that intervention to prevent a young person from gaming instead of studying or sleeping is the most likely thing to produce aggression!

John Cooter  
Cambridge



# Behaviour in schools

I am moved to respond to the letter regarding motivation in schools ('Negative effects of reward systems in classrooms', December 2015). An initial emotional reaction of anger and sadness that any four-year-old is subjected to such an outdated, unkind, ineffective and mindless tactic as being placed on a 'sad list' in contemporary society will surely be shared by many. The label itself is odd for 'misbehaved/annoyed the teacher' though the lack of emotional literacy is the least of my concerns. Tempting though it is to suggest more mindful, collaborative, kind and effective strategies to foster rather than destroy self-concept and compassion I think the bigger question is 'Why are teaching staff not using the plentiful resources available which support more caring approaches to behaviour management, and failing to consider the negative

divisive effects of such strategies on young impressionable children?'

I suggest the writer models a compassionate, mindful approach towards the staff in expressing curiosity about what drives those who presumably like children to put such strategies in place? Asking teaching staff to reflect on what punitive strategies they are responding to and whose mindless, unthinking, ineffective dictates are they feeling pressured by? Or what 'sad list' are these teaching staff members fearful of being on themselves? It may be helpful to draw parallels with the experience of an Ofsted inspection, would they feel as competent, impulse-controlled adults who choose to be in that environment that their individual intentions, traits and challenges are acknowledged when the overall outcome was 'special



measures/sad list'? Would they return to school the next morning with a renewed interest in being 'happy', enthusiastic and interested following such public humiliation? Perhaps as a society we need to own our own part in raising expectations about what is reasonable and possible to achieve with lively, curious, boisterous four-year-olds and the pressure this places upon teaching staff. A compassionate stance that enables teaching staff to consider these more meaningful questions might

be more fruitful. The wellbeing of the children is however, the focus, and should a more positive strategy not be instigated the issue needs taking to the wider system via the school governors and other parents.

It is sobering to reflect that such outmoded, ineffective, unkind, and divisive strategies are still in use, and touched a nerve – in the sixties I was made to wear a placard stating 'I am a chatterbox', and the humiliation was profound and lasted far beyond the playground. It is so easy for children to form an unjustified negative and persistent self-concept at this age and they do so with a speed that is frightening.

**Dr Sara Cureton**  
Counselling psychologist  
and independent practitioner  
Shropshire

## PRESIDENT'S LETTER

The observant amongst you will have noticed that there are no longer any Society pages in this issue of *The Psychologist*. We have decided that for anything to be published in the magazine it needs to satisfy the criterion of newsworthiness so as to justify publication in its own right. Similarly, there will no longer be a President's column. Fittingly enough, a theme of this issue is the beginning of life and so this is the first of a series of regular monthly letters from your President. Whereas previous columns listed my many engagements during the month on the Society's behalf, as well as highlighting activities taking place throughout the Society, the letter has the aim of engaging you the reader, alerting you to current issues important to the Society and its members and stimulating discussion and debate.

Putting my letter in these pages does something else too. It says that the President and Trustees are not remote, often aged, authority figures about whom the membership know and understand little and vice versa. Instead, the President is immersed in the membership and our issues, interested and involved. I would like to believe that is true in my case. I certainly feel engaged: I'm two thirds through my time as your President and I have to tell you that I have never worked as hard as this in my life.

The nature of the Society is changing, as part of its continuing process of evolution. Through the recent consultations and

meetings of the Society in General Assembly, the Structural Review Group and the Board of Trustees, the Society is on the brink of the perhaps biggest change it has seen in many years. Following this autumn's meetings we will all be working on a number of proposals to bring to March's Board for signing off. There is a real will to move towards the formation of a democratic, proportionally represented, decision-making and policy-making forum, with a fast-acting and proactive executive arm, a four-nations policy structure and a Board of Trustees who expertly manage the issues of finance, governance and risk. There is a will, too, to have our ethics function seamlessly embedded throughout our structure, like letters within a stick of rock. Finally, there is a will for a huge increase in cooperation and collaboration between and across Sections and Divisions with the scope for joint conferences, CPD and training events and cross-Division and Section workstreams, either evolving naturally or mandated by the policy forum.

In my view, there has never been a better time to be a psychologist, and I see this cooperation and collaboration as key in ensuring that our discipline and Society have the desired impact in the real world. But there is another perspective: that human behaviour is complex and that we should therefore be comfortable with presenting complex, conflicting perspectives. Personally, I feel we have to work together and minimise our differences to the outside world. What do you think?



**Jamie Hacker Hughes** is President of the British Psychological Society. Contact him at [PresidentsOffice@bps.org.uk](mailto:PresidentsOffice@bps.org.uk) or follow on Twitter: @profjamiehh.



# PDA – is there another explanation?

Only a short while ago, PDA (pathological demand avoidance) was a term little known to the public; however, due to an increased presence in social media, PDA is becoming a household term. It is not surprising, therefore, that services are under increasing pressure to consider PDA as a diagnosis. Whilst PDA currently falls under the umbrella diagnosis of autism spectrum disorders (ASD) (DSM-5), individual services/clinicians can choose to use PDA as a descriptive diagnosis alongside a clinical diagnosis of ASD. It was for this reason that I was asked to review the existing research literature on PDA to help the service decide whether to use PDA as a descriptive diagnosis, a regular request from families in the wake of a TV series on childhood behavioural difficulties aired earlier this year.

Professor Elizabeth Newson (founder of the term PDA) and her colleagues suggest that PDA accurately describes a group of children who, similarly to children on the autistic spectrum, present with difficulties in social communication, relationships and use of language, as well as displaying rigidity and obsessive behaviour. However, they highlight a few

key, but important differences between PDA and ASD. Autistic children display rigidity through rules, routine and predictability; in PDA their rigidity is in their need to avoid demands and control situations, which can often lead to the child appearing extremely impulsive in their emotions and behaviour, as they react to demands as they perceive them. Whilst autistic children often show little or no impression of sociability, children with PDA display surface sociability; however, they often fail to recognise boundaries and struggle to comprehend the contextual factors and social norms of relationships. Autistic children invariably have marked difficulties in social communication with disordered pragmatics, eye contact and facial expression; on the contrary, whilst children with PDA often experience early language delay there is often a good degree of catch up; their language is not as disordered and their expressions and eye contact can be fair; however, speech content can seem odd or bizarre and, importantly, communication can be significantly effected by demand avoidance. The predominant characteristic of children with PDA is their continued resistance and avoidance of the ordinary demands of life. Whilst autistic children can be reluctant to comply, this is often in a non-social way; they lack the empathy to make excuses or develop strategies for avoidance. In contrast, children with PDA develop multiple strategies of avoidance, which they are able to adapt to the adult involved and can appear socially manipulative. (Newson, 2000).

As I began to review the small, but growing, research literature on PDA I was struck by the similarities between the proposed characteristics of PDA and those shown by children with attachment difficulties. PDA describes a child who is primarily led by a need to avoid demands and control situations, struggles with social communication and relationships. However, these exact same characteristics could equally be used to describe a child with disordered attachment (NICE, 2015). Furthermore, research has shown that children with a diagnosed attachment



disorder may be as impaired as autistic children in their social relatedness and language skills (Sadiq, et al., 2012), and one study found that the symptoms of ASD and attachment disorder can be comorbid (Giltaij, et al., 2015). Therefore, given that PDA is currently considered a form of ASD, it is fair to assume that a similar overlap in symptoms may exist between PDA and attachment disorders.

Whilst PDA certainly does describe a group of children who do not fit the traditional ASD diagnosis, I believe there is a need for further research into the overlap between the symptoms of PDA and attachment disorders, to ensure that PDA, as a descriptive diagnosis, is used effectively and accurately. In the meantime, clinicians under pressure to diagnose PDA may be wise to exercise caution; look at all of the facts, keep an open mind and ask yourself: 'Is there another explanation?'

**Rebecca McElroy**  
Assistant Psychologist  
Newcastle upon Tyne

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## NOTICEBOARD

The Northern IAPT Practice Research Network (PRN) was set up in 2014 as a partnership between northern IAPT services and academic researchers. PRN members aim to learn how psychological therapy works in routine care and to generate evidence that will inform and influence practice. The PRN has grown rapidly in the last year, with members from more than 10 IAPT services and five universities. The network is currently conducting two studies, and has launched a webpage to promote debate about IAPT-related policy and practice, including brief articles and public opinion surveys. Initial publications are expected to emerge in early 2016, and forthcoming studies include a pilot trial of relapse prevention interventions.

If you are interested in psychological practice in primary care settings, visit [www.iaptprn.com](http://www.iaptprn.com). For more information about the network, please e-mail or follow on Twitter.

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# Health psychology and the public health agenda

There is an obvious marriage between the disciplines of health psychology and public health. Yet until recently, there has not been a platform to bring those working in these areas together. The Health Psychology in Public Health Network (HPPHN) aims to do just that.

After meeting in 2013 and seed funding from Hertfordshire County Council, we convened a small group and the development of the network began. Taking leadership of this group we (Jim as Chair and Angel as Chair Elect) now have a clear constitution, remit and committee dedicated in taking the aims of the network forward.

We initially developed this network for the East of England; however, it grew quickly with interest and has become national. The first

HPPHN event was held in February 2014, which brought health professionals, policy makers and trainees from both disciplines together to discuss career opportunities and experiences of those who straddle both fields. Professor Paul Bennett, then Chair of the Division of Health Psychology, closed the event with his vision of the HPPHN's impact. We invited attendees to join our network and hosted free CPD events with a focus on health psychology's application to public health, smoking cessation, health behaviour change interventions and managing long-term conditions.

To engage with a wider audience, key members of the HPPHN convened a structured discussion on health psychology's role in public health at the DHP 2014

Annual Conference, and after a series of talks, we asked delegates to make a 'pledge' to merge the two disciplines in their work. In February 2015, we hosted the HPPHN's inaugural Annual General Meeting and together with Professor Mary Barker presented at the Society for Social Medicine's annual conference, September 2015. The network has increasing support from those within government who can make a real difference to population health, such as Professor Kevin Fenton (Director of Health and Wellbeing at Public Health England), who has acknowledged the impact behavioural sciences can make on the public health agenda.

Want to get involved? Associate membership is free, giving access to HPPHN's social media, a brief newsletter

and details of CPD events. In addition, we have produced a series of online resources, including event recordings, presentation slides, interviews and newsletters, that are available through our website ([www.hpphn.org.uk](http://www.hpphn.org.uk)), as well as a contact directory for collaboration and networking. Annual membership is £25, subsidised to £10 for students/unwaged. We will host HPPHN's first annual conference and AGM on 11 February 2016 in Hertfordshire, and welcome anyone interested to come along and join us in taking this exciting network forward!

**Angel Chater**

*Lecturer in Health Psychology and Behavioural Medicine, University College London*

**Jim McManus**

*Director of Public Health, Hertfordshire County Council*

## obituary

### Antonia (Toni) Whitehead (1939–2015)

Toni, who died in October, had a long, rounded career as a clinical psychologist doing clinical work, teaching, research and working on behalf of the profession and Society. After retiring, she divided her time between her many friends, travelling, bird watching, gardening and the arts of vegetarian cooking, among other things.

After her first degree at University College (London), she trained as a clinical psychologist at the Institute of Psychiatry and Maudsley Hospital. A period in the NHS followed after which she became an assistant lecturer at the Institute, beginning her research career there. She completed her PhD, and moved to the University of Oxford as a Mental Health Foundation Senior Research Fellow. This was followed by five years as a lecturer at Reading University. In 1979 she joined what became the Kingston and Esher Community NHS Trust as Head of the Psychology Service, simultaneously holding an Honorary Senior Lectureship in St George's Hospital Medical School (University of London). She remained in the NHS until she retired in 1996.

Toni published or was co-author of over 25 papers and book chapters on memory in older people, dementia, depression and sexual dysfunction in women, and of papers concerned with issues in clinical psychology training.

Toni's services to the profession began in 1976 as Chair of the British Association for Behavioural Psychotherapy. She also became a member of the Joint Professions Working Party on the Statutory Registration of Psychotherapists. Initiated in this 'political' role, there followed several periods of office devoted to professional matters. Initially an examiner for the BPS Diploma in Clinical Psychology, Toni eventually became Chief Examiner.

In 1986 she chaired the influential Working Party on National Training Needs in Clinical Psychology. Her work for the wider BPS included a period on the Membership and Qualification Board and the Fellowships Committee.

Toni was a founder tutor for the Harrogate Course preparing clinical psychologists for management roles. Subsequently, she joined another management-training venture, New Roles in a Changing NHS. Finally, she served on her Regional Research Committee. Toni was awarded a Fellowship of the BPS in recognition of her many outstanding contributions.

Someone meeting Toni for the first time would not anticipate this history of influential research, and her academic, clinical and political activities for the profession. She came across as an unassuming, relaxed and frequently jovial individual with a warm and infectious laugh and sense of fun. Those of us who worked with her knew that under this exterior were an incredibly astute mind, an out of the ordinary commitment and a capacity to get things done.

When she retired her professional activities ceased. Although this was major loss for the profession, meeting Toni in retirement, one quickly realised just how well she used her talents to create and enjoy her new life. Toni's academic and research skills were put to work, developing a methodology for annual surveys of the local bird populations and co-authoring *The Birds of Shotover* about a sanctuary near Oxford.

**Mike Berger**

*Emeritus Professor of Clinical Psychology  
Royal Holloway, University of London*





## obituary

## Jane Wardle (1950–2015)

Frances Jane Wardle – known to everyone as Jane – died on 20 October just short of her 65th birthday. She was an outstanding behavioural scientist who was recognised by eight Fellowships of prestigious organisations, including the British Psychological Society, Academies of Social Sciences and Medical Sciences and, most recently, the British Academy. She chaired the BPS Division of Health Psychology and was co-founding editor of the *British Journal of Health Psychology* from 1995 to 2001. She contributed not only to research but also to academic leadership and support for junior scientists, who benefited in so many ways from her mentorship.

Jane gained a BA degree in psychology and physiology at St Anne's College, Oxford in 1973. She went immediately to the Institute of Psychiatry to train as a clinical psychologist before lecturing medical students and providing individual therapy at the Maudsley Hospital. In 1991 she joined the Imperial Cancer Research Fund Health Behaviour Unit, moving it to University College London in 1996 and becoming its Director in 1997. There she expanded her interests in eating disorders into examining how to change behaviour to encourage healthy eating and ultimately healthy living. Her influential research added a psychological dimension to cancer studies by



improving the acceptability of screening, particularly to underprivileged groups. She also discovered how genes influence styles of eating behaviour, which ultimately affects when to stop eating the food on your plate. With her husband Andrew, she made pioneering contributions to the study of how an individual's happiness and wellbeing appear to have favourable effects on physical health risk and survival.

## prize crossword

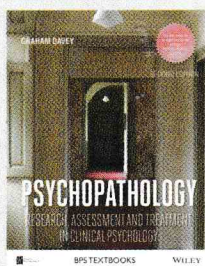
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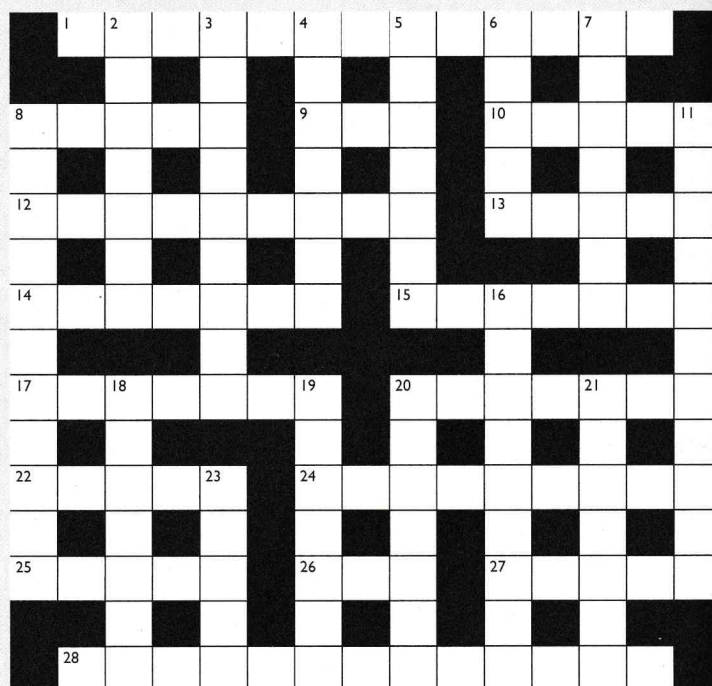
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no 85



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Send your entry (photocopies accepted) marked 'prize crossword', to the Leicester office (see inside front cover)  
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**no 84 solution** Across 1 Parapsychology, 9 Emmet, 10 Monomania, 11 Airborne, 12 Omega, 14 Kant, 15 Mignon, 17 Ace, 18 Pit, 19 Crewel, 20 Barb, 23 Ratio, 25 Strumpet, 28 Sextuplet, 29 Igloo, 30 Encephalograph. Down 1 Premack, 2 Rembrandt, 3 Pathos, 4 Yemen, 5 Hone, 6 Lampoon, 7 Genre, 8 Palate, 13 Knee, 16 Ides, 17 A cappella, 18 Phrase, 19 Closure, 21 Betroth, 22 Buying, 24 Toxin, 26 Total, 27 Blah.



Her groundbreaking work had wide-ranging impacts, not just on science but also on health strategy and policy. Thanks to her research, there has been a change in government policy on screening for colorectal cancer, public acceptance of the vaccine for the human papillomavirus and new ways of promoting fruit and vegetables to children. Her research on people with obesity made her think hard about stigma and how it pervades people's perceptions of individuals. She was affected by people's life stories and wanted to know much more about how these changed an individual's expectations and control over their eating. This was the beginning of her lifelong interest in making the individual and their personal experiences at the core of her research.

All this makes Jane sound like many other brilliant and successful scientists. A good degree and hard work produced multiple rewards. But she was much more than that and her own background and upbringing illustrate some of the factors that we, as psychologists, are trying to identify and understand to improve population wellbeing and to help individuals to overcome lifecourse disadvantage.

Her early life is worthy of a Hollywood film script. If I didn't know it to be true I would have a hard time believing there wasn't some embellishment. To say she wasn't born with a silver spoon would be a total understatement. She came from a broken home, with little money and a mother with many long admissions to hospital for mental illness, and her early education was marked by going to 13 different schools. Her parents split up when she and her two brothers were very young, and so they experienced brief spells in children's homes when her mother

was not able to look after them. Jane took on being the family caregiver – a role now recognised and supported. Her stories about the escapades the children had on the many occasions they were without parental supervision are worthy of Enid Blyton or Jacqueline Wilson. For instance, she was close to her artist father, Peter, but he was often absent, so, at times, Jane's only method of contacting him was to leave a note in a bookshop and hope he would get it before they were taken in hand by social services. When she lived with Peter at Wytham Abbey near Oxford there were occasions when the children had to hide in the loft from the authorities. There was also an incident when the postman reported the family to the NSPCC for keeping two small children in a garage.

Jane's early resourcefulness was also apparent when at the age of 16, she read about an Oxford school that she thought sounded interesting so she went along and spoke to the headmistress. She explained that she would like to attend but if there was any question of a fee then it would need to be waived. The headmistress was clearly impressed and gave Jane a place. The school was Oxford High School and the headmistress was Mary Warnock, who not only became Jane's teacher but also offered Jane a home from time to time.

So was Jane born with resilience, optimism, initiative and sheer guts to get things done in the face of much opposition or were these developed with her life experiences? Whatever the answer she clearly possessed them early in her life.

She was diagnosed with chronic lymphocytic leukaemia in 1997, a disorder more often associated with older people. But finding out about this diagnosis was not straightforward. After a routine blood test the hospital saw the number of a Dr Wardle in the notes and thought this was the patient's doctor. They rang her office and left an answer machine message. This twist of fate meant many people knew even before she was told. The diagnosis was devastating for Jane, then a mother of two children aged 12 and 18, and aged only 46 herself. Not only did she have to face the chance of an earlier death but she also faced the stigma head on. Should she tell or not? What would her colleagues think about her work, would it affect her ability to get a grant or the chance of promotion? She 'came out' spectacularly in an article in *The Observer* ([tinyurl.com/obswardle](http://tinyurl.com/obswardle)) that was both candid and moving.

Andrew Steptoe, a leading psychologist as well, was her devoted husband and supporter and frequently a research collaborator. Jane was also a dedicated mother to Lucy and Matt, stepmother to Will, and grandmother to Dorsey, Oscar and Leonidas. She took her duties in all spheres of life seriously. She was a good friend to many and helped with our personal traumas, negotiated with our ex-partners, let you move into her dining room when at a low ebb and shared wise advice. She always had a tinkling 'Hello' and a warm and generous welcome for all – friends and colleagues. But I should also mention her interest in gossip, her irreverent sense of humour and her sense of fashion which made her a true star as well as simply fun to know. Whether it was the latest interesting paper in the *BMJ*, a parliamentary debate, a story in *The Guardian* or the latest book she was reading, she was always incisive, entertaining and smart. Every evening spent with Jane meant gaining some new insight into the human condition or her own character, even if it was just about her inability to eat anything green except peas.

She will be missed by many as the mountain of emails and cards received by her family attest. Most describe the help she gave them, some describe her forceful nature and the impact of her science but all say she was a remarkable woman. That should be the title of the film about her life.

Professor Til Wykes  
Institute of Psychiatry

## across

- 1 Cryptically, can one penny change lead to debilitating anxiety? (5,8)
- 8 Half-hearted glib talk for Dad (5)
- 9 Some soaring by means of propulsion on water (3)
- 10 A desire for a letter (5)
- 12 Prison cited with alias (9)
- 13 Encountered books covered by choral work (5)
- 14 Tom's den built furthest away (7)
- 15 Incorrectly pick up motorway that's cut short (7)
- 17 Excessive dose of drug many intended, it's said, to scrap (7)
- 20 Part of inner ear and contented sound it's reflected (7)
- 22 One involved in one boy's epic tale (5)
- 24 Old-fashioned anaesthetic to predominate (9)
- 25 Love portrayed in film making one wet with tears, perhaps (5)
- 26 Give encouragement with American exclamation (3)
- 27 Assuage everybody with a quantity that's unknown (5)
- 28 Nevertheless, wager covering a place before spring month (2,4,2,2,3)

## down

- 2 Settler for worker pursued by a branch of the law (7)
- 3 I drop line about antidepressant drug (9)
- 4 Unassertive type seen by entrance? (7)
- 5 Unfinished mode fresh after revolution in feudal slavery (7)
- 6 Real Madrid missing half of kingdom (5)
- 7 Authorise name (7)
- 8 Criticise protest back home with hesitation to create uproar (11)
- 11 Stolen stuff is marketable item (3,8)
- 16 Smuggler shortly taking a spell outside with pick-me-up (9)
- 18 Make up one's mind to take one in for the killing of a god (7)
- 19 However, psychologist finally indicates a single cognitive idea (7)
- 20 Easy chances for models (7)
- 21 Rash girl pursuing difficulty? (7)
- 23 Wife sharing cost, going thus? (5)



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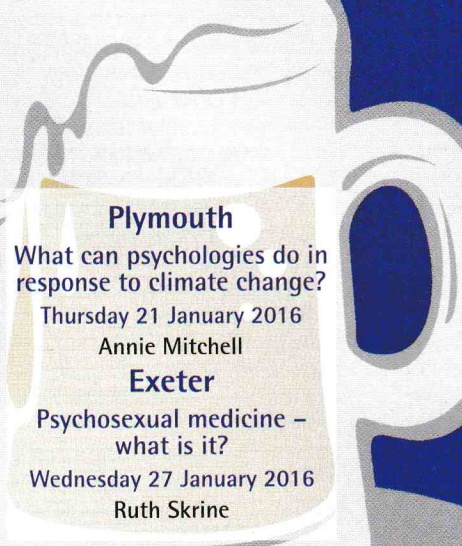


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# Welcome to the club

Ella Rhodes reports on our efforts to crowdsource practical ideas for an after-school psychology club for primary school children

A group of psychologists in Bath have been invited to run an after-school psychology club for primary-age children. Dr Susanna Martin, a postdoctoral researcher at the university's CREATE Lab, was invited by a local primary to run psychology activities over nine weeks with Year 5 and 6 pupils. The club will conclude with the children taking part in the university's 'Bath Taps into Science' showcase in March, allowing them to teach others what they have learnt. Eleanna Skoularikari, a PhD student who is organising the sessions, said: 'There's no better way to learn than having fun, and we aim to introduce psychology and science to the pupils by engaging them in fun activities and simple research projects.'

Susanna reached out to us on Twitter (@psychmag) for suggestions, and so we asked our audience for practical demonstrations and activities. We hope to inspire other clubs like these, to teach younger minds about our fascinating field.

## Getting started

Kelly Auty, the British Psychological Society's Psychology Education Policy Advisor, said psychology demonstrations for younger children could be particularly challenging. 'Things to bear in mind when preparing hands-on activities for a primary school age range include ethics; think carefully about what you're asking the children to do. Demonstrations, rather than experiments, are a good way of dealing with this, but you still need to bear ethical considerations, such as consent, in mind. You may also want to consider the kinds of questions you might get from the children and how you would handle them. Young people have a range of experiences which may touch on the demonstrations you are running.'

Auty also enforced the idea that the science behind demonstrations shouldn't be ignored and added: 'Telling children that "something happens in your brain and 'voila', the psychological phenomenon happens" is tempting, but think about how you can convey the mechanisms behind the phenomenon and how to pitch it for young people. For some a broad brush will be enough, but there will always be one or two who want to know exactly how it works. Don't shy away from complex scientific explanations, but think about how to make this accessible before you get asked the difficult question! And remember that some people might not experience the phenomena you are demonstrating... just try to ensure you can explain why this might be.'

## Demonstration and activity ideas

We spoke to a number of psychologists and experts in public engagement for their thoughts and ideas on the best activities for younger children, to help them think about thoughts and learn about their brain and behaviour.

Dr Eilidh Cage, Teaching Fellow at Royal Holloway University of London, has run sessions with younger children and suggested getting children to **build-a-neuron** using pipe cleaners, googly eyes, dried pasta and polystyrene balls. Cage said: 'Once the neuron has been made, you can describe its different parts – for example the pasta is the myelin – and how neurons work. It can be fun to get everyone to put their neurons together to show how neurons communicate.'

Dr Catherine Loveday (University of Westminster) suggested another anatomical activity for children. 'I've used a **model of the brain** and got the children to feel the weight of it and see the size – it

was life size and the correct weight – they were totally fascinated.'

A **false memory test** was the suggestion from Dr David Turk (University of Bristol), who runs psychology classes for younger children. 'Children are asked to memorise a list of words related to a certain context, such as sleep; e.g. dream, pillow, bed, etc. Then a second list is read to the children and includes sleep-related words *not* included on the first list. They will most likely say they heard the word 'sleep' even though this was absent. This is a great demonstration of how brains use context clues to fill in the gaps of knowledge and even produce false memories.'

Professor Richard Wiseman (University of Hertfordshire and star of YouTube channel Quirkology) suggested a demonstration of the **importance of critical thinking** through dowsing: He said: 'Get kids to hold a pendulum over a glass or water and it spins. Then have six upturned buckets and hide the glass under one of them. Suddenly they can't find the water. Turns into a nice piece of critical thinking and illustrates video motor action.'

Dr Alan Gow (Heriot-Watt University) said he used various demonstrations with younger children, including balloons to show brain growth and eventual atrophy (by inflating and deflating the balloon to represent size over the lifespan). He added: 'The other thing I often use is different coloured wool to explore **white matter connections**, which is something the public are generally less aware of, using different strands to get people connected up and in the process talk about how the wires allow different areas to communicate, and also how those connections develop and change over time. It also involves a lot of throwing



of balls wool around, which people of all ages seem to enjoy!’

Drawing on the much-loved series of children's books, Dr Elisabeth Blagrove (University of Warwick) suggested **Where's Wally**: ‘The activity here is very simple – finding Wally in amongst Martin Handford's wonderfully-detailed scenes. But it's where this leads that is the exciting thing for anyone keen to get children thinking about everyday psychological processes. We get the chance to talk about visual search; how we look for things in our environment and what aspects of our visual world influence this process, for example what is our search target? What things compete for our attention and why? Most importantly, this starts to give children insight into the fact that brains are capable of amazing things, that most of the time, we don't even notice!’

One of our most-suggested demonstrations was the classic experiment devised by Professors Dan Simons (University of Illinois) and Chris Chabris (Union College). Children watch a video ([tinyurl.com/8fuake8](http://tinyurl.com/8fuake8)) which shows two groups of people passing balls between them – they are asked to count the number of passes the team in white make. Without giving the game away, this is a valuable demonstration of **change blindness and selective attention**. Professor Simons said: ‘I've also used the demo with groups of kids as young as eight and it seems to work fine with them.’

Dr Christian Jarrett, editor of the British Psychological Society's Research Digest, suggests a **body illusion** such as the ‘rubber arm’ (see [tinyurl.com/ehrsosnpsy](http://tinyurl.com/ehrsosnpsy)). ‘It gives people the sensation that a fake arm is their own by hiding their real hand under a table, placing a rubber one (or even an inflated rubber glove) in front of them on the table top, and stroking/tapping both in the same way at the same time in synchrony. For some, they can see it's a rubber arm, they know the trick that's coming, but they just can't stop the strange sensation taking hold. Kids love things that are weird or creepy, so I think this would be a winner. The illusion can be used to prompt all sorts of discussions about the way the brain represents the body, and how what we perceive to be our body is not as stable as we often think. In fact recent variations of the illusion even show that it's possible to create in people the sensation of having three arms!’

Dr Josh Davis (University of Greenwich) has carried out **face recognition** tests ([tinyurl.com/jo9ops4](http://tinyurl.com/jo9ops4)) with children as young as 10, with parental permission. Some score

exceptionally highly. Face recognition ability is extremely important socially for humans of all ages, and children are likely to be very interested that some of us are better than others at this. It would be a simple activity to construct a test in which photos of the children in the class are mixed with others to demonstrate the difference between familiar and unfamiliar people, and to cut out the external features (e.g. hairstyle) to show that it is still easy to recognise friends without hair, but not so easy with those we do not know.’

Asked to do a science day with four- and five-year-olds, Paul Gardner (Teaching Fellow, University of St Andrews) turned to **colour opponent theory**. ‘It just so happened that their topic was penguins. I discovered that penguins can only see the blue green end of the spectrum, so I tried to weave a story around this. It wasn't ideal but we took pictures of the Scottish saltire, coloured in the cross black and the triangle parts yellow. The children stare at the image for 30 seconds and then at a blank sheet of paper and you get colour reversal, the cross in white and the rest in blue. You can do something similar with the Union Jack or whatever. Many of the children will have experienced having seen a bright light or flash from a camera and then subsequently a black spot that fades.’

Many of these suggestions are quite ‘perception’ based... what about something more social? Professor Bruce Hood (University of Bristol) says: ‘Social is hard because there are not that many reliable phenomena, but how about **contagious yawning or giggling**? You can get free apps that produce laughter, or they can try this with a pencil in the mouth which should increase feelings of mirth for laughter tracks when the pencil is gripped sideways in the teeth to force a grin as opposed to held like a straw in the lips to create a pout. I used this in the Christmas Lectures: all those demos are free at [thebrainbank.org.uk](http://thebrainbank.org.uk) and they can be used for children of different ages including primary level.’ Professor Hood also runs [speakezee.org](http://speakezee.org), a site bringing speakers and audiences together, and he tells us that many experts would be willing to come into schools.

Asked for a health psychology perspective, Chair of that Society Division Professor Karen Rodham (Staffordshire University) thought it would be fun for the children to try the **cold pressor test** (obviously with all ethical and health and safety issues addressed). ‘They could experiment to find out whether focusing on the experience or using different kinds of distraction techniques had an impact

on how long they could keep their hands in the cold water. This could lead to a discussion about coping and the children could learn how their ability to tolerate uncomfortable experiences can be affected by the different coping strategies they use.’

Dr Jamie Barker, Chair of the British Psychological Society's Division of Sport and Exercise Psychology, suggests using the ‘**Beat the Bleep**’ game to illustrate the effect of pressure and audience effects on skilled performance. ‘Children (of all ages) guide a metal hoop from one end of a buzzwire course to the other, without touching the wire. If they touch it a buzzer goes off and a lights flashes and they have to go back to the start of the course! Splitting children into teams and competing against each other helps to increase pressure. Typical responses from participants are disrupted motor performance (i.e. hand shaking), poor emotional control (i.e. frustration), enhanced or decreased focus, and approach or avoidance behaviour(s).’

Dr Roxanne Gervais, Chair of the Society's Division of Occupational Psychology, suggested having the children **lead each other while blindfolded**. ‘Assign the group into two or three smaller groups, move them to a wide, safe area and provide all of the children in each group with blindfolds except for one. That leader has to give clear instructions to the rest of the group: where they have to walk and any obstacles they have to be aware of. These types of activities with get children to communicate better with others, be stronger leaders, become more self-aware and very importantly, aware of the needs of others.’

### Over to you!

When we shared our list with Dr Martin, she said: ‘there are some interesting suggestions that I think we will be incorporating, especially the rubber arm experiment and neurons from pipe cleaners! For others who want to get involved, I'd suggest talking either to schools they have connections with, or contacting their university's public engagement/widening participation units. They often have lists of schools who like to engage with universities. A good place to get experience working with children is taking part in local science fairs or offering to give a talk to a local Cub Scout/Brownie group, as these can be one-off events.’ **ER**

**I Do you have other ideas to add to the list?**  
Comment on the online version of this at <http://thepsychologist.bps.org.uk>, e-mail us at [psychologist@bps.org.uk](mailto:psychologist@bps.org.uk) or tweet @psychmag.



# Countering security threats

Lancaster University is to lead a UK centre for the development and use of economic and social science research to understand, mitigate and counter security threats. The Centre for Research and Evidence on Security Threats (CREST) will bring together researchers at the Universities of Birmingham, Cranfield, Lancaster, Portsmouth and the West of England to form a national hub for independent research, training and collaboration.

The Centre, commissioned by the ESRC, has a focus on conducting research to inform approaches to countering security threats in the modern world. CREST has been funded for three years with £4.35 million from the UK security and intelligence agencies and a further £2.2m invested by the founding institutions and will initially fund 13 PhD students working across all five universities.

Its Director, Professor Paul Taylor (Lancaster University), said the group aimed to synthesise and communicate psychological research, along with work from other disciplines, to those dealing with security challenges. It will do so by publishing a range of media from briefing notes to academic articles, by running an extensive programme of workshops and training events, and by collaborating closely with governments, think tanks,

charities and businesses. Professor Taylor said that as well as commissioning new research, the Centre would bring together research in five main areas: the exploration of the emotional and ideological narratives of activism and



Professor Paul Taylor

violence; how extremist ideologies are transmitted through and countered by communities and social groups; online behaviour; eliciting information; and protective security and risk assessment.

Explaining where psychology could be useful in the face of increasingly challenging and ever-changing security threats, Professor Taylor said: 'First, psychologists can help us understand the individual and social factors that lead people to commit acts of terrorism, as well as what might lead them to desist. Second, psychologists can help better understand the nature of decisions and team working in fast-moving, high-risk security investigations, as a way to make practice more efficient and improve the welfare of personnel. Third, psychologists can research when, where and how people cooperate, which provides the evidence base for developing, for example, interview techniques that enhance

memory recall and make deception easier to spot. Fourth, drawing on social and organisational psychology, researchers help understand how to create a work culture that encourages employees to uphold good security practices.'

CREST's publications so far include papers on witness memory in a scenario involving firearms, a review into cognitive lie detection and how one's ability to fabricate a cover story depends on experience in similar contexts. To follow the work of the Centre see @crest\_research on Twitter.

Meanwhile, psychologists at the University of Stirling have announced a five-year project to develop the next generation of face-recognition technology, driven by global security concerns and potential commercial benefits. Team lead Professor Peter Hancock said: 'Humans are surprisingly poor at identifying faces they don't know, even professionals such as passport controllers have difficulty matching people to their photographs. But we are much better than machines at recognising familiar faces, and the challenge we are undertaking is to gain an understanding of what the process is that allows us to do this.'

Funded by the Engineering & Physical Sciences Research Council, the project will also include researchers from the University of Surrey and Imperial College London, international experts in face biometrics and video analysis, the Home Office, the BBC and industry groups including IBM. ER

## Beyond the nuclear family

An in-depth look into modern-day, non-traditional families is to be presented in a series of seminars funded by the British Psychological Society. The sessions aim to challenge the image of family provided by most undergraduate psychology textbooks, which is becoming increasingly out of date.

The seminar series will consist of four seminars, in Cambridge (18 March), Bristol (7 June), London (20 April) and Manchester (11 May), around two themes: beyond genetic relatedness; and beyond nuclear family structures. The organisers, including Dr Naomi Moller (Open University), aim to bring together disparate pockets of research to develop a more cohesive narrative about new family structures.

Dr Moller, who has co-organised the seminars alongside Dr Victoria Clarke, Dr Nikki Hayfield (both University of the West of England) and Dr Fiona Tasker (Birkbeck, University of London), said: 'Families are now being formed through the use of donated sperm, eggs and embryos, through adoption by same-sex couples and there are increasing numbers of families which are voluntarily childless. The BPS research seminar grant gives us

a chance to bring together UK and international researchers, both really experienced and early-career researchers, to share their research and understandings with the seminar audiences. We are hoping that the series will stimulate debate over new family formations, set agendas for future research in the area, and get more psychologists thinking about how they can contribute to broadening our understanding of family in the UK.'

The Cambridge seminar includes a keynote speech from Professor Susan Golombok (University of Cambridge) on the psychological implications of new family forms; in London, Professor Olga van der Akker (see also p.30) considers non-nuclear family planning; in Manchester, Professor Eric Blyth will take the audience 'beyond genetic kinship'; and in Bristol, there will be a keynote presentation from Professor Damien Riggs on queering kinship and family diversity.

While the sessions are free, those interested in attending should register as early as possible to avoid disappointment. For more information see <http://www.open.ac.uk/ccig/events/new-frontiers-of-family>.



# Volunteers for change

The Change Exchange is a collaboration between the Tropical Health and Education Trust, University of Manchester and the Global Health Exchange.

Using theories, interventions and measures of behaviour and behaviour change they aim to assist UK healthcare professionals working collaboratively overseas to improve the training and performance of healthcare professionals in low- and middle-income countries.

**MANCHESTER**  
1824

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In 2016 volunteer behavioural scientists will be placed in hospital departments or healthcare centres for 10 weeks in either Uganda, Ethiopia or Mozambique (expenses paid). They will consult on training projects that seek to improve the performance of the existing health workforce. They will provide expertise in theories, interventions and ways of evaluating change and therefore help health professionals make the changes necessary to strengthen local health systems.

Research support and ongoing supervision will be provided by the project leads, Dr Hart and Dr Byrne-Davis, with their help of their collaborators in Manchester Implementation Science Collaboration: Professor Marie Johnston, Professor Chris Armitage and Dr Richard Emsley.

Dr Lucie Byrne-Davis told us: 'We are recruiting volunteers and this is a fantastic opportunity for people with behavioural science health, organisation, workforce experience to use their skills in a new contract, conduct research and establish, hopefully, long-lasting collaborations. Anyone who is interested should e-mail [thechangeexchange@manchester.ac.uk](mailto:thechangeexchange@manchester.ac.uk) for more details.'



The Stroke Association has awarded a Professional Excellence Award to Chartered Psychologist Dr Maria Vidal (Barts Health NHS Trust), at their Life After Stroke event in November.

Dr Vidal was nominated for the award by a carer, Tassnim Kara, who thanked Maria for the difference she and the Tower Hamlets Community Stroke Team had made after her husband had a stroke.

Here, Dr Vidal receives her award from TV presenter Siân Lloyd.

# BPS calls for action on refugees

In November, the British Psychological Society issued a Statement and Call for Action on the refugee crisis. It called on the UK government to respond to 'the most unprecedented level of movement of people across the world in recent times, due to war violence, terrorism, political persecution and poverty'.

Referring to United Nations human rights legislation and frameworks, the Society called on the government to ensure that the UK takes 'a fair and proportionate share of asylum seekers and refugees, both those already within the EU and those still outside it'. The UK's present offer to accept 20,000 of the most vulnerable Syrian refugees from outside the EU by 2020 is described as 'too low, too slow and too narrow, particularly if compared with responsibilities already placed on Middle Eastern countries such as Lebanon and Jordan. Creation of the overcrowded refugee camps in these countries will only prevent refugees from working and



leading an ordinary life in the long-term. It will also do nothing to address or curb the death toll in the Mediterranean.'

Establishing safe and legal routes to the UK and EU would, the Society said, 'do much to halt the hazardous boat traffic and will save lives.' Such routes should include: humanitarian visas (for the specific purpose of seeking asylum on arrival, issued in the country of departure

or intended embarkation), resettlement schemes, and humane family reunion policies (such as allowing child refugees in the UK to be joined by adult family members).

The statement and call for action concluded: 'As psychologists, we call on the Government to recognise that psychological services are vital in the support of newly arrived asylum seekers and refugees who often have a wide range of physical and psychological difficulties. War-related psychological and physical trauma, together with the impact of multiple stressors during their flight, might result in complex health and mental health presentations. It is important that psychology, as a key discipline, should be engaged at a planning level as soon as possible so that initial and subsequent responses to these vulnerable people may be both psychologically informed and adequately funded.'

To read the full statement and call for action, see [www.bps.org.uk/news/british-psychological-society-calls-action-refugees](http://www.bps.org.uk/news/british-psychological-society-calls-action-refugees)



# 5 minutes with...

Dr Zoey Malpus

The Chair of the British Psychological Society Division of Clinical Psychology's Pain Network, Dr Zoey Malpus, was among three consultant clinical psychologists who contributed to the Royal College of Anaesthetists Core Standards for Pain Management Services document (see [tinyurl.com/hb9715v](http://tinyurl.com/hb9715v)). Malpus, alongside Neil Berry and Dr Hannah Connell, set out standards and recommendations for psychologists working in chronic pain services. She spoke to us about their involvement and the future of psychology's role in pain management.

**What's your own personal take on pain and pain management?**

That it is entirely normal to become disabled and distressed when you are in severe pain each day. It makes complete sense to avoid activities that might make your pain worse or to try to make the most of a good day, cramming in far too much and probably triggering a flare-up of your pain, because you don't know when you will next have another good day. Unfortunately these commonsense coping strategies have the unintended consequences of exacerbating persistent pain, causing further physical deconditioning leading to even more frustration and hopelessness. I see my role as helping people to discover the unintended consequences of the ways that they have been managing their pain. In many ways this approach is very similar to the ways I was taught to treat panic attacks as a junior psychologist, and you can get the same 'light bulb' moments that make the work so rewarding.

**What did you emphasise in the core**

**standards and why?**

Current guidelines recommend psychologically based pain management as the treatment of choice for people with persistent pain that has a significant adverse impact upon quality of life and physical, psychological and social functioning. This is why psychologists are core members of multidisciplinary pain teams, because they ensure that psychological and social factors are properly assessed, formulated and effectively treated.

In addition to generic professional standards for psychologists, there were several key points that we wanted to emphasise for pain psychologists: appropriate pain-specific core training and clinical supervision; the importance of evidence-based assessment and therapy; ensuring that job plans and caseloads for psychologists working in pain services allow time for both direct and indirect ways of working, in recognition of our key role in supporting other members of the pain team to work in a psychologically informed manner; and including all practitioner psychologists, emphasising core knowledge, skills and competencies for working in pain services, rather than stating that it should only be clinical psychologists.

A psychologically based approach does not mean that the pain is 'all in the head' or that effective therapy will cure the pain. Most of my time is spent sharing the latest scientific research about the neurophysiological basis of persistent pain, the synaptic plasticity that causes pain to accelerate and 'wind up' over time.



Unfortunately when I usually meet people, they will have had pain for years and there is no longer any hope of an effective cure.

However, we can show people ways to gradually rebuild their strength, fitness and flexibility, show them how to manage their natural stress reaction to their pain so that they can rebuild their lives again, despite their pain. This means that whilst people will not be pain-free they can lead fulfilling lives that are definitely worth living. Acceptance seems to be very important in terms of being able to carry on with meaningful activities even when pain is there in the background.

**What does the future hold for psychologists' role in pain management?**

Most recently I have become excited about compassion-focused therapy, the work of Professor Paul Gilbert and colleagues. It is a third-wave psychological therapy that draws upon evolutionary psychology and Buddhist principles. It seems to have a particular importance for pain management because of the role of soothing the nervous system by activating our compassionate motivational states. Self-kindness appears to be key to acceptance, to engaging in activities and letting go of the need to control pain. I think this will be a key development for a subgroup of people with pain who are 'strivers', who refuse to slow down until they get burnout. Compassion in Pain Management Programmes was the title of our recent British Pain Society conference in Manchester in September 2015. This stimulated lots of collaborative ideas for further research, and we hope to be publishing further work in this area soon.

## SHORTLISTED AS GREAT COMMUNICATORS

Psychologists are among the shortlisted nominees for this year's Salon London Transmission Prize (<http://transmissionprize.com>).

The prize celebrates ideas that have caught the minds and hearts of UK audiences, with contenders drawn from speakers that Salon London has worked with at various events and festivals throughout 2015. Previous winners have included writer and broadcaster Claudia Hammond for her psychological exploration of time, and Professor David Nutt for his honest look at the harm of all drugs.

This year's nominees include Dr Catherine Loveday (University of Westminster, and the Chair of our Psychologist and Digest Editorial Advisory Committee), for explaining how the music we love is woven

into our own narratives; and Dr Vicky Williamson (University of Sheffield) for her advocacy of the importance of music in understanding the brain.

The prize's chair, author Margaret Heffernan, said: 'The great thing about the Transmission Prize is that it draws attention to great communication – not just great writing, but also great talk, real rapport, zeitgeist and insight. The shortlist represents a rich cross-section of the great ideas, writers, thinkers and communicators shaping our world today.'

The winner will be announced on 4 February at Foyles Bookshop in London.



# All in the genes?

As humans, we share the vast majority of our genes, but the comparatively few that vary can have consequences on our height, appearance and potentially even educational achievement. In its first annual lecture *Learnus*, a think tank that aims to inform education and learning with findings from psychology and neuroscience, invited Michael Thomas, director of the Centre of Educational Neuroscience (Birkbeck and UCL Institute of Education, University of London), to speak about how our knowledge of genetics could potentially impact on education.

Professor Thomas pointed out that twin studies have shown educational achievement is highly heritable – countering theories that suggest environment is heavily involved in intelligence or achievement. The effects of which school, or even country, children study in are relatively small compared to the individual differences of genetic origin. In one study with 7 year olds, around 12 per cent of academic achievement in twin studies was explained by the twins having a shared environment. Only 17 per cent (of that 12 per cent) appeared to arise from the school, while the rest came from the family environment. At GCSE results, looking at twins in the UK, researchers recently found that 62 per cent of the differences could be explained by genetic similarity.

Despite this astonishing evidence, the genes involved in educational achievement have been hard to pin down: while some genes seemingly involved in educational attainment are involved in the brain, some are related to functions deep within individual cells, some are even involved in blood oxygenation. As Thomas pointed out, the role of genes in education is not simple and many different genetic factors may have a role – not only are genes involved in the brain related to achievement but also those to do with health, cognition and physical growth.

He went on to examine the evidence around whether socioeconomic status had a profound impact on the brain. One US study looked at more than 1000 children and followed them from birth to the age of eight and looked at the surface area of the brain. They did find an impact of deprivation on the brain's structure, but the effects were small and only really identifiable in families where the household income was below around \$25,000 per year: after that threshold the effects on the brain evened out.

While findings from genetics are startling, Thomas said, these genetic differences could ultimately inform education. He pointed to precision medicine – the idea of giving people medical care tailored to their genetic predispositions to certain diseases – and suggested that genetics could also be used in education. In the future, Thomas said, genetics could add precision to learning environments for each individual child before they started their education. However, he indicated a myriad of ethical issues attached to this.

Thomas said he believed the future of the role of genes in

education would be looking at mechanisms of learning and how these contribute to achievement. He added: 'Genetics can't just be about correlations. It has to contribute to our understanding of mechanisms of learning; it will be a range of mechanisms, such as the willingness to learn, persistence and the retention of learning and what skills are best learned at which ages. Understanding mechanisms will help us to understand which environments to change to optimise learning outcomes.'

Emma Meaburn (Birkbeck, University of London) rounded off the evening with a talk on attempts to track down genes that

are related to educational attainment. She said although humans are 99.9 per cent genetically identical this still leaves millions of possible DNA sequence variations. But using Genome Wide Association Studies (GWAS) it is now possible to examine the genetic variation between individuals by looking at both behavioural data from groups of people and variations in DNA. She said: 'If you find a significant signal you have identified a region of the genome that contains a DNA sequence variant that influences that trait. Hundreds of associations like this have been made in recent years.'

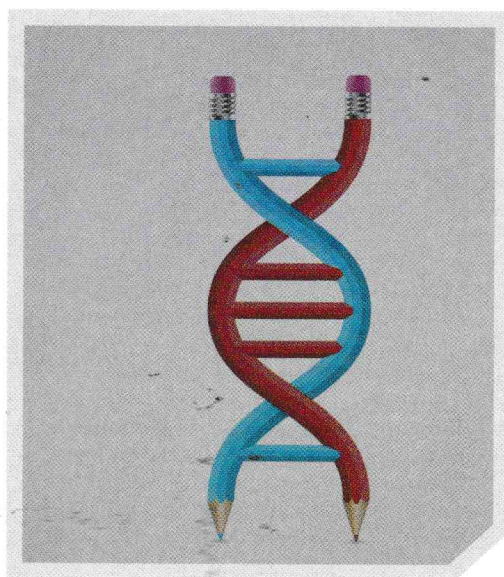
So far, Dr Meaburn said, there had been five high-powered studies that have looked into which genes may be involved in reading and language abilities. All of these had large samples, but none managed to demonstrate an individual genetic difference that affected the sample's language

or reading abilities. Although we can be sure there will never be a single gene for learning, why didn't these studies find anything?

Meaburn said if we compare these studies to those looking at the heritability of height we might reach an answer. Height is highly heritable, and GWAS have identified specific genetic variants that influence this, and all of them have used much higher sample sizes than those used in studies of learning ability. Meaburn suggested once they are able to have sample sizes in the hundreds of thousands it is likely some specific genetic variants will be identified in learning ability.

One study that did have a larger sample size of 126,000 participants, and looked at years of schooling and DNA, found three genetic variants to explain the difference in length of schooling. However even the variation with the biggest effect only accounted for around one month of schooling across the individuals.

Meaburn said: 'This leaves us with a paradox. Even with big sample sizes we find only small effect sizes, but learning abilities are around 60 per cent heritable.' She explained a new methodology called GREML, which uses statistical techniques, has suggested there will be thousands of genes involved in learning abilities which simply have too small an effect size to be identified by GWAS. Once these genes are identified, academics will be better placed to look at the biological basis of learning abilities and how the environment interacts with these genetic variants. ER





# Memo to the President...

Could the US government ever create a Council of Psychological Science Advisers feeding findings directly into policy? For a special issue of *Perspectives on Psychological Science*, Psychologists were asked to take on the imaginary role of members of this council who had the chance to write memos for the President on a range of societal issues.

This resulted in a wave of over 200 submissions, and each of the eventual memos takes a societal issue and uses evidence from psychological science to tackle it. Commentaries were provided by David Halpern, Head of the UK's Behavioural Insights Team, and Cass Sunstein (Harvard University), who advocated for the role of a psychological science in government during his role as Administrator of the White House Office of Information and Regulatory Affairs.

The memos cover areas ranging from health and education to problems with immorality and policy making itself. We have compiled a summary of the articles but all can be read, open access, at: [tinyurl.com/6pxgvau](http://tinyurl.com/6pxgvau)

## Health

How could psychological science be used in one of the most long-standing problems in America – getting the nation to make healthy changes and stick to them? Alexander Rothman (University of Minnesota) and his colleagues outlined policies aimed at tackling barriers such as lack of motivation, failure to translate intention into action, prior unhealthy habits slowing down change and the difficulty of maintaining new healthy habits. The authors pointed to evidence that has shown thinking of the consequences of behaviour on other people can motivate individuals to change certain behaviours.

Traci Mann (University of Minnesota) tackled misconceptions about obesity that have fed into policy: beliefs that restrictive diets help weight loss, that stigmatising obesity will help people shed weight and that weight and physical health should be considered one and the same. They suggested policy should use environmental changes that reduce the need for individual willpower and promote health over lower weight.

Using recent evidence on the brain development of teenagers, Laurence Steinberg (Temple University) gave evidence of how current programmes

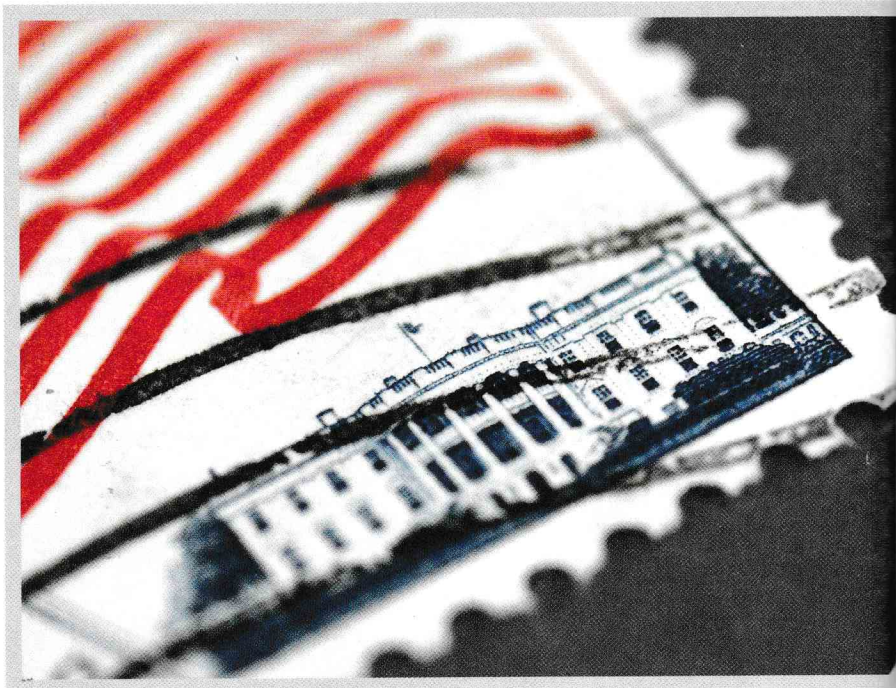
aimed at tackling teen risky behaviour fail to consider how adolescents' brains develop. Using examples of unwanted teen pregnancies, marijuana use and smoking, Steinberg pointed out that many risky behaviours among teens have not fallen significantly in recent years. However, when risk taking is hardwired into the adolescent brain, how could the government use psychology to tackle risky behaviours? Steinberg suggested two approaches, the first aimed at positive youth development and the second at limiting opportunities for young people to partake in some behaviours that could end up hurting them or other people; for example by increasing condom availability and changing driving licence laws to ensure the youngest drivers can only drive when supervised.

A fascinating idea for encouraging healthy cognitive ageing was presented by Michael Ross (University of Waterloo) and Emily Schryer (California State University). They wrote that although much policy focus has been placed on health and social care for older people, the cognitive decline seen in older age, particularly regarding memory, could also be considered in policy. The authors suggest many older people believe memory loss to be an inevitable symptom of age despite the fact exercise, using memory aids and even addressing hearing

problems can improve the picture. They then focused on evidence-based changes that could be made to the environment that would help older people live with memory decline. Some of their suggestions include the use of apps to remind older people to take medication and making cars more easy to locate in car parks by using numbered bays or painting parts of it in different colours.

## Education

Aneeta Rattan (London Business School), Krishna Savani (Nanyang Business School), Dolly Chugh (New York University) and Carol Dweck (Stanford University) outlined plans for tackling race, gender and social class gaps in educational achievement. They suggested policy makers should focus on children's academic mindsets – particularly encouraging the belief that intelligence is not fixed and can change and grow over time, and encouraging students to feel they belong in a certain school or within certain subjects. The authors wrote that encouraging these 'growth' and 'belonging' mindsets can be achieved through training and encouraging a school environment that is non-stereotypical in its approach to students. They outlined evidence of mindset changes having noticeable effects on grades and closing gender, social and





race gaps, and suggested the Department of Education should identify mindsets as a major issue in US education.

The gap in educational achievement between higher-income and lower-income families could be made smaller by encouraging useful early parent-child interactions before children get to school – this is the argument put forward by Erin Maloney (University of Chicago) and her colleagues. The authors suggest ways in which existing policy can be adapted to give all children the best start in education. The Head Start programme is aimed at disadvantaged preschool kids, and the authors suggest that by giving parents models of good early interactions, encouraging learning goals and increasing caregivers' motivation and self-efficacy, these children may fare better when they make it to the classroom.

## Society

When billions of dollars are lost in the US every year through unethical behaviours, including \$1 trillion paid in bribes and \$270 billion due to unreported income, how can psychologists tackle unethical behaviour? Shahar Ayal (Interdisciplinary Center Herzliya) and colleagues suggested the REVISE framework to guide policy interventions for tackling this. The framework uses three principles, reminding, visibility and self-engagement. They point to evidence that people take advantage of grey areas to justify dishonest behaviour, thus the first principle of 'reminding' would involve reducing all ambiguity in situations and making people's own moral standards more salient. The second principle, 'visibility' is based on findings that anonymity can reduce moral behaviour, thus making social monitoring cues more visible may make ethical behaviour more likely. Finally, people are able to view themselves as moral but act immorally, the 'self-engagement' part of the framework would involve forming a concrete link between peoples' moral transgressions and perceptions of their own morality through reminders.

Adam Galinsky (Columbia Business School, Columbia University) and colleagues point out the many societal and individual benefits of diversity and the many barriers preventing it in some places. They point to evidence that diverse groups are more innovative in their thinking, diverse juries consider more perspectives, and on a larger scale diversity offers economic benefits. Individual diversity, achieved when a person has a broad range of experiences such as travelling abroad, is related to

higher levels of creativity and entrepreneurial activity. They suggest policies to incentivise companies to diversify their recruitment practices and suppliers. To encourage individual diverse experiences they suggest creating fellowships for study or internships in other countries. To minimise the possible detrimental effects of diversity, such as conflict, the authors propose all policies should include both majority and minority group members.

In one of the final articles Sander van der Linden (Princeton University), Edward Maibach (George Mason University) and Anthony Leiserowitz, tackle one of the toughest challenge facing policy makers – how to make people engage with climate change prevention. They set out five guidelines for improving policy and decision making around climate change. These include reference to the fact that climate change information is often presented in an abstract or analytical way that assumes humans process this information in a logical, analytical way, when evidence has shown this is not the case. They suggested information about climate change should be translated into relateable and concrete personal experiences. They also point to evidence that humans tend to discount uncertain, future events when making

decisions and discount risks of climate change because it is spatially and temporally distant. Policymakers, they write, should highlight the fact the climate change effects are already being seen.

Other highlights from the special issue included Hal Hershfield (University of California) and colleagues' work on consumer debt and how the government can help people use credit more responsibly and keep repaying their debts in mind. Mandeep Dhami (Middlesex University) and colleagues wrote about the role of intelligence analysis in policy decision making, and how psychological science can improve it. Christopher Barnes (University of Washington) and Christopher Drake (Henry Ford Hospital) provided an interesting look at a potential 'sleep crisis' in the USA and its implications on public health. They suggest simple policy changes, including changing school start times for adolescents, the abolition of daylight saving time, and providing more information to the public on the importance of sleep.

*The Psychologist* will soon feature an article exploring the impacts of psychology both within the media and on policy and will ask – is psychology punching its weight? **ER**

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What is 'teaching excellence', anyway?  
Ella Rhodes speaks to psychologists after the publication of a government Green Paper.

Bringing ideas to life  
Psychologists are amongst the nominees for this year's Salon London Transmission Prize.

The best job you can possibly do  
Jon Sutton reports from this year's first British Psychological Society Psychology4Students event, held in Sheffield.

Forward thinking for psychology  
Ella Rhodes reports on an ESRC/Sage writing competition, and we launch our own 'How will psychology have changed by 2066?'

Psychology

2066

More news online at <http://thepsychologist.bps.org.uk/reports> – including a consideration of the Teaching Excellence Framework, and a report from Deborah Husbans on a 'Live Music Now' event examining the utility of music interventions in neurological disorders of older people



# Plunging into some fascinating topics

Jon Sutton reports from Psychology4Students 2015, held in Sheffield in November; and Ella Rhodes reports from the London event held in early December

The day began, as the best student-focused events do, with a promise to explain why psychology is the best job you can possibly do. Dr Fiona Fylan (Brainbox Research) outlined a problem of real significance – the thousands of people dying on British roads each year – and then turned to a perhaps unlikely source for answers, in health psychology.

To this young audience, driving means freedom, independence. Yet unlike just about any career stretching out before them, driving comes with no CPD. Cars change, highways change, yet Dr Fylan says 'nobody does anything about it'. Driver and rider education is focused on basic vehicle control; the test doesn't consider the context of driving, the impact of personal characteristics, etc. Fylan explained that health psychologists can identify target behaviours, review the literature, identify population subgroups, define theoretical models and understand barriers, and then design evaluate interventions. Her Integrated Driver Model considers the norms, attitudes, self-identity and biases that can increase risk on the roads. Then Fylan described the different types of speeding driver identified in her Department for Transport report, ranging from 'Sleepy' (didn't know they were speeding) through 'Grumpy' (more positive attitudes to speeding) to 'Happy' (often the younger drivers, who actively enjoy taking risks and breaking rules). An intervention Fylan ran with a focus on 20mph zones successfully challenged attitudes, gave insight and even led to drivers becoming advocates for better behaviour. Unusually, there was a particularly positive impact on male drivers.

Dr Bhismadev Chakrabarti (University of Reading) took to the stage with an overhead pleading "Like" me', which was followed by the standard academic colon and a promise to look at 'the role of imitation and reward in understanding social cognition and autism.' Dr Chakrabarti's career began with genes and molecules, and he reassured the audience 'we do see the light at different points in our life'.

The word 'like', according to Chakrabarti, presents an interesting case: It can refer to both a rewarding stimulus (e.g. 'I like chocolate') and a case of imitation (e.g. 'I will talk like you'). These two processes of imitation and reward are

intricately linked from very early on in human development. Early interactions between caregiver and infant use reciprocal imitation that strengthens to bond between the two, arguably through increasing their mutual reward value. As adults, we tend to prefer those who imitate us more, and imitate those who we prefer more. Chakrabarti went on to discuss the behavioural, psychophysiological and neuroimaging studies that led his lab ([www.bhismalab.org](http://www.bhismalab.org)) to develop this theoretical model linking imitation and reward. For example, he found that genetic variation in the cannabinoid receptor CNR1 (involved in reward processing) modulates reward response, gaze duration (to happy faces) and trait empathy.

Chakrabarti ended with emerging evidence that atypical coupling between imitation and reward might provide a vital clue to understanding some of the key features of autism, and he had a take-home message for the audience of budding psychologists: 'Never trust one experiment or one technique.'

Before lunch, Professor Susan Golombok (Centre for Family Research at the University of Cambridge) revisited her talk from this year's BPS Annual Conference on parents and children in new family forms – including lesbian and gay parents, assisted reproduction and surrogacy (see <https://thepsychologist.bps.org.uk/reproducing-impact>). Her optimistic conclusion, that children are most likely to flourish in warm, supportive, stable families, whatever their structure, is one that is well worth repeating.

Professor Bruce Hood (University of Bristol) began his talk with a call to 'spread the word, spread expertise, talk to each other' via his Speakezee website (see <https://thepsychologist.bps.org.uk/volume-28/march-2015/easy-speaking>). Hood is a passionate science communicator, and his most recent book is an attempt to

solve a conundrum: that the human brain has actually shrunk in size over the past 20,000 years.

Hood turned to Charles Darwin for answers, and his prediction that 'psychology will be based on a new foundation, that of the necessary acquirement of each mental power and capacity by gradation'. The brain apparently lost around a tennis ball of volume around the end of the last Ice Age, when humans experienced a change in environment and lifestyle and began to domesticate. Brains shrink in domesticated animals too, and Hood's theory is that changes in testosterone and metabolic processes are behind this.

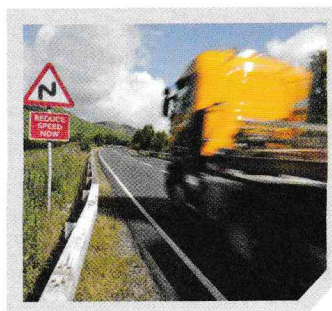
YouTube videos (always a winner) illustrated Professor Hood's point that a lot of development is parents teaching their children the skills that they need to have to be accepted in the tribe. Demonstrations of 'baby morality plays'

(Kiley Hamlin [tinyurl.com/zdzwf5](http://tinyurl.com/zdzwf5)) and prosocial toddlers (Felix Warneken [tinyurl.com/j2jqej2](http://tinyurl.com/j2jqej2)) drew plenty of 'awws' from the crowd, but Hood jokingly warned: 'They're Machiavellian... they're not promiscuously social, they're just trying to find out who the good guys are.'

Hood concluded with a view on our 'brave new social world': he says that self and identity are being challenged by a new

ability to communicate across time and space in our modern networked world. 'We're becoming preoccupied by the validation of others.'

Closing the day was Dr Nicholas Blagden (Nottingham Trent University), with a call for the assembled students to engage critically with whether we can rehabilitate sex offenders. Dr Blagden vividly described the unsettling nature of work with this highest-risk, highest-need group. After an assessment, he may think 'I could imagine going for a beer with this guy in a different context – what does that actually say about me?' Anyone working in the area needs to learn to separate the person from the act, and realise that sex offenders are actually the



Driver and rider education is focused on basic vehicle control



most diverse of offending groups. By and large, sex offenders actually have a low base rate of reoffending, regardless of treatment, but Blagden's work aims to get this even lower by focusing on dynamic risk factors such as impulsivity and poor problem solving. The 'Core Programme' considers healthy sexual functioning (masturbating a dozen times a day is not ideal), and how offenders often promote children's relationships and emotions to adult status ('she was my affair'). Interestingly, Blagden says those that deny their offending are actually less likely to recidivate: 'A lot of time and effort goes into getting offenders to take responsibility, but it's not actually related to reoffending.'

This is perhaps because admitting offences often leads to a loss of network and status, and people are more likely to offend if they are isolated. This leads Blagden to conclude that community engagement is key, and this is 'a difficult message to sell'. He referred to efforts in Germany with Project Dunkelfeld (see [tinyurl.com/gv8qobh](http://tinyurl.com/gv8qobh)), and his own charity Safer Living Foundation (<http://saferlivingfoundation.org>). In 'Circles of Support', groups of four to six volunteers befriend a high-risk sex offender being released from prison into the community. To end the day, there could be no better illustration of the deep, dark and endlessly fascinating ocean that so many of these psychology students could end up plunging into.

So on to the Psychology4Students London event, where hundreds of A-level and undergraduate psychology students gathered at the Friends House in Euston Road for another day of wide-ranging talks – and even a little dancing. Peter Lovatt (University of Hertfordshire), better known in the media as 'Dr Dance', got the students (and fellow speakers) moving in several dance routines – all in the name of science. A professional dancer turned academic (see [tinyurl.com/drdancepl](http://tinyurl.com/drdancepl)), Dr Lovatt explained his love of dance had come from a reading difficulty at school which left him labelled as 'stupid'.

He led the audience through a simple dance sequence then told the them to improvise their own dance using the movements they had learned. He explained that different types of dance, structured and improvised, result in improved performance in solving different kinds of mental problems; the former is useful in convergent problem solving, where we use several mental steps to reach an answer, while the latter encourages better performance on

divergent or creative thinking tasks.

Lovatt also pointed to some of his research where he asked people to come to a club where researchers measured women's levels of fertility, based on the point they were at in their menstrual cycle, and the men's testosterone levels. The participants were taken to an area where they could be filmed dancing individually. Those men with high testosterone levels were rated as more attractive by females, but also moved in a very particular way. In their dance they used most parts of their body, doing different movements with each; they also vary the speed and rhythm of their movements rather than sticking to the song, and they look around to see what other dancers are doing and incorporate some of their movements into their own routines. Women with high fertility also were rated as more attractive based on their dance styles – these women mainly moved their hips while those with lower fertility moved their other limbs, drawing attention away from the hips.

Sophie Holmes, lead clinical psychologist for the Sussex NHS Partnership Trust, then gave a fascinating talk about people who have difficulties with hoarding (see [tinyurl.com/ht2z2s5](http://tinyurl.com/ht2z2s5)). She explained that it now has its own diagnostic criteria, after long being thought to be related to OCD. The new diagnosis, she said, has led to some tension: while some do not believe it is useful to have the label, the diagnostic criteria have led to more awareness of the problem as well as increased research interest.

Holmes explained the differences between being an avid collector and a person with hoarding difficulties – while hoarding starts around the age of 10 to 13, people who collect certain things tend to be older. Also collections are often neat and categorised, while someone who hoards will probably not be aware of the exact items they own. There has been a suggestion, Holmes said, that there may be a link between autism spectrum disorders and hoarding problems, but one disorder it differs from is OCD. She went on to outline some of the potential causes, including an over-attachment to objects, low self-esteem and earlier trauma, or that it may indicate an expression of anxiety.

The myths and realities of being a criminal profiler were covered in an entertaining talk by Dr Julian Boon (University of Leicester), who explained the working processes and the need for a sharp eye for detail. He also outlined some of the personality traits that may lead people down an either positive or

negative path through life; being empathetic, caring and warm would lead to the former, while a necrophilous streak (see [tinyurl.com/zv22gxw](http://tinyurl.com/zv22gxw)), a need for control and self-interest would lead to the latter.

The former presenter of *BBC Breakfast* Sian Williams, who has also recently completed a psychology MSc focusing on trauma in journalists (see [tinyurl.com/pkckvg9](http://tinyurl.com/pkckvg9)), took to the stage to rapturous applause. She explained that over her 30-year career in broadcast journalism she had witnessed many extraordinarily traumatic scenes, including in the aftermath of the Pakistan earthquake and the Asian tsunami in 2004. Williams said there was something about the exploitative nature of journalism, using people's stories when they were at their most vulnerable, that had often played in the back of her mind. She explained that an interview with police officer David Rathband, who was shot and blinded by Raoul Moat and later took his own life, made her want to address this. 'I realised it was my responsibility to get trained to understand how people's minds work while they are in trauma to help in some way.'

Williams trained as a trauma assessor at the BBC and began her MSc, during which she sent a survey to journalists to ask about their experiences of trauma. In the 140 responses she received, many journalists spoke of being unprepared for the mental strain covering certain events may place on them, and the culture of newsrooms may dissuade those journalists from speaking up about their experiences. Williams showed interviews with foreign affairs correspondent Caroline Hawley and Stuart Hughes, who lost his leg after stepping on a landmine in Iraq. She concluded: 'We can learn from people who have been through trauma, if we acknowledge things openly it will benefit us.'

Finally, Dr Richard Stephens (Keele University) gave a chuckle-inducing talk on the effects of swearing on pain (see [tinyurl.com/richsteph](http://tinyurl.com/richsteph)). His research has shown that swearing during a cold pressor experiment has analgesic effects. His work also revealed those people who swear regularly lack the pain-relieving effects that swearing affords less potty-mouthed individuals. So concluded a day that was all gain, no pain; the large audience spilled out into the London evening and a world of opportunities ahead of them.

For more from the speakers at this year's events, see our special digital edition (<http://issuu.com/thepsychologist/docs/psych4students>)



# Feeling like you're an expert can make you closed-minded

What happens to us as we accrue knowledge and experience, as we become experts in a field? Competence follows. Effortlessness follows. But certain downsides can follow too. We reported recently on how experts are vulnerable to an overclaiming error – falsely feeling familiar with things that seem true of a domain but aren't. Now a new paper in the *Journal of Experimental Social Psychology* explores how feelings of expertise can lead us to be more dogmatic towards new ideas.

Victor Ottati at Loyola University and his colleagues manipulated their participants (US residents, average age in their 30s) to feel relative experts or novices in a chosen field, through easy questions like 'Who is the current President of the United States?' or tough ones like 'Who was Nixon's initial Vice-President?' and through providing feedback to enforce the participants' feelings of knowledge or ignorance. Those participants manipulated to feel more expert subsequently acted less open-minded toward the same topic, as judged by their responses to items such as 'I am open to considering other political viewpoints'.

People's perceptions of their all-round expertise – provoked in the participants via an easy rather than a hard trivia quiz – also led them to display a close-mindedness in general, even though it was the participants who took the hard quiz who failed more, and reported feeling more insecure, irritable and negative – ingredients that are normally associated with close-mindedness. This isn't to say that these emotional states didn't have any effect, just that any effect was swamped by perceptions of expertise.

These findings are somewhat counterintuitive because there are good reasons to have expected the opposite results. Firstly, real-life experts take a long road that involves acquiring and synthesising new information, at times requiring them to flip their way of thinking about things – for instance, a chemist might recall how atoms operated one way in early grade science, only for later schooling to reveal a very different picture. Therefore dogmatism is an obstacle to true expertise. Secondly, research on stress and emotion tells us that feeling relaxed and successful – as you might expect an expert to feel more than a novice – encourages open-mindedness.

But Ottati and his colleagues point out that open-mindedness doesn't exist in a vacuum – it ebbs and flows according to the social situation. It's not as acceptable to pooh-pooh the content of a university lecture the same way you might do the street demagogue's patter. The researchers argued too that as well as the situation, your own social role matters, and the 'expert' is a social role that gives you permission to opt out of open-mindedness.

How do we know the closed-mindedness associated with feeling expert was driven by assumptions that the participants were making about the social role of expert, and not the effect of some other psychological state? For example, an alternative explanation could be that the participants made to feel expert were overwhelmed by a sense of power, something past research has shown to make contributions from others appear less relevant. We know it must be about social role because the effect was maintained when participants didn't themselves feel special at all. In another experiment, the researchers asked their participants whether it was justified for someone to ignore the political opinions of other people at a party, when the individual in question was more expert than, more novice than, or similar to the other guests. The hypothetical was framed in two ways: 'You are at a party where...' or 'John is at a party where...' – in both cases, the participants considered an expert was justified in acting dogmatically.

Taken altogether, how robust are these findings? On the main effect itself (linking feelings of expertise with close-mindedness), note that the sample sizes were quite small – there were only 30–60 participants per experiment. However the effect was uncovered using slightly different methods across six experiments, giving us faith that there's something real here. However we need to be cautious in how we interpret these results. The study shows us the effect of the social role of expertise, manipulated independently from the true possession of expertise. In other words, the path of acquiring knowledge, and being wrong a lot along the way, may produce countervailing positive influences upon open-mindedness, something not examined in this study. This means we can conclude from this research a narrow but important point: that thinking of yourself as 'being the expert' can be an obstacle to open-mindedness. AF



In *Journal of Experimental Social Psychology*



## Sports psychologists understand surprisingly little about 'the yips'

*In International Review of Sports and Exercise Psychology*

A golf champion prepares for the easiest of putts on the final green, only for his wrist to jerk suddenly, sending the ball wide of the mark. A darts player pulls back his arm for a winning throw, takes aim, but finds he can't let go. Incidents like this – in which highly skilled sports players find their fine motor control has gone awry – are very common. And yet a new review published in the *International Review of Sports and Exercise Psychology* makes it clear that psychologists really know surprisingly little about what causes 'the yips' (also known as 'dartitis' in darts) or how best to intervene to help.

Philip Clarke and his colleagues trawled the sports psychology literature for relevant English-language articles published between 1989 and 2013. They identified 25 papers that involved study of the yips, which the authors define as 'a psycho-neuromuscular impediment affecting the execution of fine motor skills during sporting performance'. Together, these studies involved 876 sports people who experienced the yips and 1003 competitors without the condition. Most of the research is on golf players, but a minority of studies have involved other sports including running, cricket, tennis and shooting.

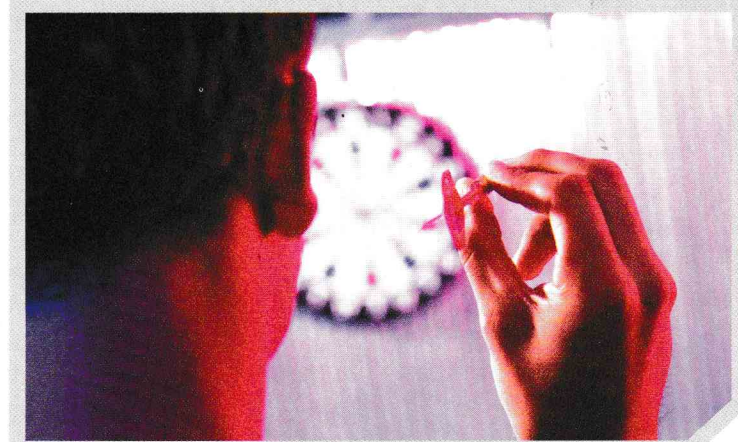
Research conducted on the yips to date falls into three main categories: psychological research, physiological studies and neurological studies. The psychological research has focused mainly on the role of anxiety, with mixed results. Competitors' subjective accounts of the yips suggest that anxiety is key, yet studies that have compared sufferers and non-sufferers have often failed to reveal any differences in their levels of state (i.e. in the moment) or trait anxiety. There are also mixed findings regarding the role of obsessional thoughts and perfectionism, with the evidence to date suggesting that self-

consciousness (i.e. the feeling of being watched) might be most relevant.

Regarding physiological research, most studies have used electromyography to record athletes' muscular activity, and there's some evidence here that people who experience the yips have higher than normal muscle activity in some situations, and in turn that this extra activation can affect technique and performance. Neurological research, nearly all of it based on case studies, has failed to find evidence of dystonia (pathological muscle spasms) or other neurological illness in yips sufferers.

Crossing these research categories are other studies that have looked at interventions, including, but not limited to, the use of drugs that are usually used in the treatment of Parkinson's disease, which proved effective; a form of alternative therapy known as the 'emotional freedom technique', which also supposedly helped; and acupuncture (also apparently helpful). But crucially, this intervention research has all been based on case studies (that is the stories of one or two people, rather than properly controlled trials) – in other words, this is the kind of evidence that would carry little weight were it used to support treatments for more serious medical conditions.

Part of the reason there's so much inconsistency in the research on the causes of the yips, explain Clarke and his team, is that until recently nearly all studies failed to distinguish between sports players who experienced purely physical yips in the absence of any psychological aspect, and those who experience the converse – choking mentally, but without the physical jerks or other uncontrolled movements (referred to as type 1 and type 2 yips). Clarke's team say future research should also recognise a third group (type 3), who



experience the physical element of the yips and the psychological element.

Another limitation of the research conducted on the yips to date is that it has all been exclusively cross-sectional in design, making it very difficult to establish whether, for example, stress and performance anxiety causes the yips, or if instead,

experiencing the yips prompts performance anxiety. Clarke and his colleagues conclude that we need more research into the yips, especially longitudinal in design and in sports besides golf. The yips – a topic which is attracting increased interest from sports psychologists and scientists, but which remains 'in its infancy'. CJ

## Does it matter whether or not pain medication is branded?

*In Health Psychology*

Around the world many health services are moving towards generic (non-branded) medicines as a way to reduce costs. Where does psychology come into this? Well, we know that, thanks to the placebo effect, people's expectations about a treatment can influence the effects that treatment has on them. We also know, thanks to research conducted over the last decade, that people expect branded medicines to be more effective and to have fewer side-effects than their generic counterparts. A new study is one of the first to explore whether this matters – specifically, whether a generic painkiller is less effective than its chemically identical branded counterpart.

Kate Faasse and her colleagues recruited 87 undergraduates, most of them were female, who answered an

advert seeking people who suffer frequent headaches (at least one per fortnight). The participants were given four doses of ibuprofen to use in the coming weeks as and when they suffered a headache, and to keep a diary of the relief the medicine brought them, and any side-effects they experienced. Crucially, two of the doses were branded as Nurofen, while the other two were generic in plain packaging. Unbeknown to the participants, one of the branded doses was actually a placebo, as was one of the generic doses.

When it came to the active doses, there was no difference between the branded and generic ibuprofen – both were equally effective at pain relief and the students reported the same amount of side-effects for each. However, with the placebo doses, the branded medicine



was more effective than the generic at pain relief and was associated with fewer side-effects.

Although these findings imply that branding makes no difference to an active pain-relief medicine, they do show how branding exerts a placebo effect in terms of pain relief and reduced side-effects. This effect was not detectable beyond the actions of the active medicine. But Faasse and her colleagues explained that this branding-related placebo effect could have real-life significance for

other types of medicine for which the actions of the drug are less easy for patients to monitor or detect (as compared with pain relief), such as blood pressure medication or antidepressants, meaning that the patients' beliefs about the drug might be more important.

The researchers said: 'The additional placebo effect associated with branding has the potential to enhance medication effectiveness, which may subsequently be lost during a switch to a generic alternative'. CJ

## The ideal therapist doubts their professional skills, but loves themselves as a person

In *Clinical Psychology and Psychotherapy*

Given a choice, you might think it better to undertake psychotherapy with a confident therapist than a self-doubting one. After all, you want a firm hand to guide you through a storm. But in fact, there's evidence that therapy clients do better when their therapist has professional self-doubts. Now Helene Nissen-Lie and her colleagues tested their idea that therapist self-doubt might not always be helpful, and specifically that the ideal mix is professional doubt combined with personal self-compassion.

To see if this is true, the researchers analysed data from 255 mental health clients treated at 16 outpatient clinics in Norway by 70 different psychotherapists (including 46 psychologists, 14 psychiatrists and 8 physiotherapists specialising in a form of 'psychodynamic body treatment'). The clients are described as having a wide range of clinical symptoms and disorders, the most frequent diagnoses being anxiety disorder and depression, and over half the sample met the diagnostic criteria for a personality disorder. The majority of the therapists followed a psychodynamic approach, just over 29 per cent were humanistic therapists and over 28 per cent used cognitive techniques.

The therapists filled out questionnaires about their professional doubts and confidence (for example, they said whether they ever worried that they were doing more harm than good); answered questions about their coping strategies; and also about how much compassion they showed themselves (for example, they said whether they cherished themselves, or whether they are their own worst enemy; how much they self-protect or self-blame). The clients meanwhile completed measures of their interpersonal problems and their symptom distress before and after treatment, and periodically for two years after treatment ended (the results are based on comparing pre-treatment scores with the average of the distress and symptom scores that were recorded at all the post-treatment time points).

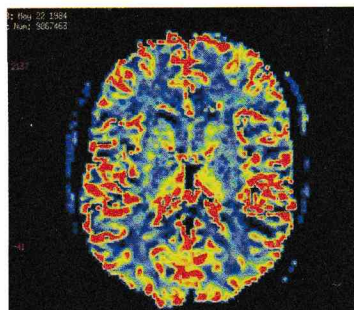
Consistent with past research, therapists who were self-doubting appeared to be more effective at their job – their clients showed greater reductions in interpersonal distress. But furthermore, and as the researchers predicted, there was an interaction between therapists' self-doubt and self-compassion. That is, the most successful client outcomes were seen for therapists who expressed a combination of professional self-doubt and greater personal self-compassion. This combination 'seems to pave the way for an open, self-reflective stance that allows psychotherapists to respect the complexity of their work, and, when needed, to correct the therapeutic course in order to help clients more effectively with their challenges,' the researchers said. CJ

## LINK FEAST

### What Happens When You Can't Talk to Yourself?

How a missing inner monologue affects the sense of self. By Claire Cameron for *Nautilus*.

[tinyurl.com/zjj66cl](http://tinyurl.com/zjj66cl)



### Opinion: Brain Scans in the Courtroom

Advances in neuroimaging have improved our understanding of the brain, but the resulting data do little to help judges and juries determine criminal culpability. So argues Andreas Kuersten in *The Scientist*.

[tinyurl.com/z3vyebn](http://tinyurl.com/z3vyebn)

### Men's and Women's Brains Appear to Age Differently

A new study I reported on for New York's *Science of Us* highlights why we shouldn't assume talk of biological gender differences is always a gateway to misogyny.

[tinyurl.com/nvea9vf](http://tinyurl.com/nvea9vf)

### Is Serotonin the Happy Brain Chemical, and Do Depressed People Just Have Too Little of It?

This is the debut post from Oxford University neuroscience grad student Sofia Deleniv on her new blog *The Neurosphere*.

[tinyurl.com/ptmgj5](http://tinyurl.com/ptmgj5)

### Can You Think Yourself Into a Different Person?

We used to believe our brains couldn't be changed. Now we believe they can – if we want it enough. But is that true? Will Storr at *Mosaic* wades through the facts and fiction.

<http://mosaicscience.com/story/neuroplasticity>

### Why Are Conspiracy Theories So Attractive? (audio)

From *The Guardian's* Science Weekly podcast: Should we distrust our own ability to reason? Why is debunking conspiracy theories such a risky business? And is David Icke a force for good?

[www.theguardian.com/science/audio/2015/nov/13/conspiracy-theories-david-icke](http://www.theguardian.com/science/audio/2015/nov/13/conspiracy-theories-david-icke)



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## When anticipating their future needs, children can't see past their current state

*In Infant and Child Development*

You know how it feels after you've gorged on a large packet of pretzels or crisps – you have a mouth like a salt mine, an unquenchable thirst, and the thought occurs to you that wouldn't mind if you never saw another pretzel again in your life. Except you know that's not really true. That's why you leave the other packets snug in the kitchen cupboard, fully aware that tomorrow evening you'll be happily munching again.

In other words, you have 'episodic foresight'. You are able to look beyond your current physical state (extreme thirst) to anticipate being in a different state in the future, and thus plan accordingly (let's ignore for now the fact you're not thinking about the long-term health effects of eating all those pretzels!). Psychologists are interested in when and how this sophisticated anticipatory ability develops. A new study published in *Infant and Child Development* finds that young children, up to the age of seven, mostly can't discount their current states when anticipating their future wants.

Caitlin Mahy invited 90 children (aged three to seven) to her lab and offered them a drink of apple juice. This was to make sure they weren't thirsty at the start of the study. Next she showed them a photo of some pretzels and a glass of water and asked them which they'd prefer to have now. Nearly 80 per cent said they'd prefer pretzels. Regardless of how they answered, all the children were offered pretzels to eat as they listened to a six-minute children's story.

Next the pretzels were taken away and Mahy asked the

children to imagine that they were coming back to the lab tomorrow, and to say whether they'd prefer water or pretzels during the story. Now nearly 70 per cent said they'd prefer water tomorrow, presumably because their current state was that they were feeling thirsty. Finally, the children were offered a drink of water and the question about tomorrow was repeated. Having quenched their thirst, most of them now said once again that they'd prefer pretzels tomorrow, contradicting the answer they'd given moments earlier. There was no evidence that the older children were any better at thinking about their future preferences than the younger children.

What was going on in the children's heads? To try to find out, Mahy asked them to justify their choices. The children's answers suggest they had little insight into how their current state was influencing their thoughts about the future. For example, after eating the pretzels and saying they'd prefer water tomorrow, one child said 'because focusing makes my mouth get dry'; another said 'because it's healthy for you'. After having a drink of water and switching back to a future preference for pretzels, one child said 'since I wouldn't want to unscrew the bottle cap'. It seems the ability to mentally time travel and think in sophisticated ways about our future needs does not emerge until some time after age seven. However, the ability to make creative excuses like a seasoned politician seems to come quite naturally much earlier! **CJ**

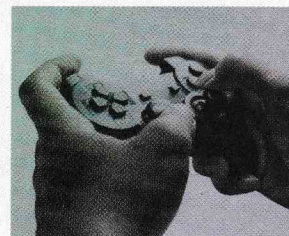
## DIGEST DIGESTED

Full reports are available at [www.bps.org.uk/digest](http://www.bps.org.uk/digest)

Super-recognisers – people who perform unusually well on lab tests of face memory and recognition skills – are also highly adept at tasks designed to be more akin to the challenges met by police and security professionals, such as recognising a face from a CCTV still. *Applied Cognitive Psychology*

People find some nonsense words, like *flinglam*, consistently funnier than others, like *servise*. The reason, researchers have found, is that funnier nonsense words are less like real words and so are more unexpected. Their finding provides support for the established 'incongruity resolution' theory of humour. *Journal of Memory and Language*

An investigation into people's trust of automated systems has found that regular video gamers tend to be over-trusting, but that this can be rectified by priming them beforehand, for example through showing them negative feedback that other users had provided about the system. *Human Factors*



We tend to think of liberals as being more open-minded than conservatives, and prior research has supported this generalisation. However, a new study found that this rule depends on the topic at hand. On some issues, such as smoking and the death penalty, liberals are more dogmatic than conservatives. *Political Psychology*



Conflict in a relationship is usually bad news – people who clash with their partner usually say they're less happy with the relationship as a result. But a new study finds that this rule does not apply to those who feel that their partner understands them. In fact, for such people, relationship conflict can even be beneficial. *Journal of Personality and Social Psychology*

Are introverts or extraverts more inclined to selfishness in group tasks? Researchers have found that the answer depends on the context. When the opportunity exists to cheat the group, extraverts are more inclined to selfishness. Yet when such acts are made public and are punishable, extraverts become the ones most inclined to cooperate. *Philosophical Transactions of the Royal Society B: Biological Sciences*

Loneliness tends to correlate with unpleasant outcomes, such as poorer mental and physical health. However, a new study suggests that 'being true to yourself' may act as a protective buffer – lonely people who scored high on authenticity did not appear to experience the usual negative effects. *Journal of Health Psychology*



# Why demography needs psychologists

Gillian Pepper, Lisa McAllister and Rebecca Sear look for psychological answers to questions about fertility and population dynamics

Skimming through recent news articles, it is easy to see that the social, political and economic consequences of population change are a concern. 'World population will soar by 2bn more than forecast' reported *The Times* in 2014: [tinyurl.com/naf8o98](http://tinyurl.com/naf8o98). This was in response to a paper in *Science* claiming an 80 per cent probability that the world population, now at 7.2 billion, will increase to between 9.6 and 12.3 billion by the year 2100 (Gerland et al., 2014). Other media coverage emphasised the implications of such population growth: 'The world's population is now odds-on to swell ever-higher for the rest of the century, posing grave challenges for food supplies, healthcare and social cohesion' reported *The Guardian* ([tinyurl.com/mg99v4v](http://tinyurl.com/mg99v4v)). Readers of *The Psychologist* have voiced similar concerns: 'At a time when we are hoping to reduce the human impact on world resources and limit carbon emissions, whilst still lifting the poorest out of poverty and malnourishment, [population growth] is perhaps the most important problem we face today' (Haran, 2014).

The fastest population growth is occurring in sub-Saharan Africa. There, the number of children that an average woman bears during her reproductive years (the fertility rate), is still very high, reaching a peak in Niger at 7.6 children per woman (2013 data: Population

Reference Bureau). Fertility rates in the rest of the world are closer to the global average of 2.5 children per woman. This still implies population growth, as a fertility rate above 2.1 children per woman will result in a growing population. However, population growth trajectories vary quite dramatically around the world. Fertility rates in the UK, for example, are now only 1.85 children per woman (Office for National Statistics, 2014). This is below the level required for population growth, or even population replacement, and may ultimately result in population decline



Population growth and ageing pose challenges at the societal level

(without immigration). Such low fertility also means that the UK, along with many other rich economies, faces the challenge of population ageing.

Population ageing is an increase in the proportion of the population over 65 years relative to the number of people of working age. Given the aforementioned concerns about population growth, low growth, or even population decline, may seem like a good thing. However, population ageing is associated with its own set of economic and social challenges. In the UK today there are in the order of 28 people over 65 years for every 100 people of working age (15 to 64 years), but this is estimated to increase to around 42 per 100 by 2050 (United Nations, 2013). Concerns over how a working population will support large numbers of elderly people have triggered much public debate in the UK. For example, *The Big Ageing Population Debate*, an ongoing feature by *The Guardian*, asks questions like 'What should the Government do for older people?' and 'Ageing well: whose responsibility is it?' However, this is typical

of the public debate on the issue, which focuses on how to manage an ageing population with little discussion about why our ageing population has come about.

So, should we be concerned about population growth, or population ageing? The truth is that they are two sides of the same coin and we must hope that a balance can be reached. While population growth and ageing pose challenges at the societal level, we have not reached a balance at the individual level either: many people are not having their preferred number of children. For example, in Uganda in 2011 average desired family size was 4.8 but the fertility rate was 6.2 (Muhoza et al., 2014): unwanted fertility. Meanwhile, in the UK in 2011 approximately 30 per cent of people aged 40 to 54 years had fewer children than they wanted (Testa, 2012):

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underachieved fertility.

It is often assumed that, if contraceptives are available, and people want fewer children, then fertility will decline. However, this does not seem to be the case. Across Europe in the 1800s, fertility declined without access to modern contraceptives. In sub-Saharan Africa, fertility remains high despite declines in desired family size and some access to contraceptives (Gerland et al., 2014; Muhoza et al., 2014). The UK has one of the highest rates of teenage pregnancy in the European Union (EU) despite having the fourth highest contraceptive use rate in the world (World Health Organization, 2013). Clearly, contraceptive access alone does not determine fertility. We need a better understanding of why people have the number of children that they do, and why so many births are currently unplanned.

Likewise, there is more to underachieved fertility than meets the eye. We might assume that the more resources you have, the more children you can afford to have. However, the paradox of the fertility decline, which has occurred almost worldwide over the last two centuries, is that fertility has declined as economic standards and living conditions have improved. Within rich economies today, the relationship between wealth and fertility is complex, but a consistent finding is that more highly educated people tend to have fewer children, and larger gaps between intended and achieved fertility, than those with less education (Testa, 2012). Pronatalist government programmes that reduce the cost of having children in Japan, Italy and Singapore are failing to increase fertility, and those in France and Sweden are having only modest effects (Kramer, 2014). While the economic costs (and benefits) of children may be important to some extent in determining fertility, it is clear that other factors also play a substantial role. We need a better understanding of what these factors are; and psychologists may hold the

## Meet the authors

'Demography matters. The study of population dynamics is undeniably useful, as population trends have important political and economic implications. They affect policy planning for health, economies, the environment, resources and infrastructures. Yet most demographic research fails to account for the psychology behind reproductive behaviour, which is a key factor underlying population change.

We have come together as a behavioural scientist, an anthropologist and a demographer, who share interests in reproductive decision making. Here we put forward questions that psychologists might help to answer and outline why it is important to answer them. There has been surprisingly little interest so far from psychologists in reproductive decision-making: we hope that will soon change, so that we can gain a better understanding of why people so often fail to meet their reproductive goals.'



LIFE VALLEY STUDIOS

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key. Psychologists can help to improve our understanding of the reproductive decision-making process and what factors, including our social and physical environments, influence decisions about whether and when to have a(nother) baby.

We shall illustrate this by addressing an example question: What determines when someone starts reproducing? This is relevant to the issue of fertility because reproductive timing and fertility tend to be negatively correlated (Low et al., 2008): that is, delayed childbearing is characteristic of populations with low fertility. There are various approaches that psychologists might employ to answer the question of what determines reproductive timing. We use an evolutionary framework, derived from life history theory. One prediction of this theory is that life expectancy affects reproductive timing (Chisholm, 1993). Across countries there is a strong positive association between life expectancies at birth and average ages at

first birth (Low et al., 2008). Patterns within countries are similar (Nettle, 2010; Quinlan, 2010). When life expectancy is low, there are clear benefits to reproducing sooner: both the likelihood of having children before death and the time a parent is around to care for children increase. As life expectancy increases, so do the benefits to delaying reproduction: prospective parents can accumulate more resources that can be invested in themselves and later in their children.

The evidence summarised above suggests that life expectancy affects reproductive behaviour. But what cues lead to these reproductive responses? The limited existing evidence suggests that experiences of death and danger may affect people's reproductive timing. One study found a mini baby boom in response to the Oklahoma City bombing of 1995. Rodgers and colleagues (2005) were inspired to look for such an effect after reading a poem by Deborah Garrison in the New

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*Yorker*, which she wrote in response to the 9/11 terrorist attacks in the USA:

Now can I say?  
On that blackest day,  
When I learned of  
The uncountable, the hellbent  
obscurity,  
I felt, with shame, a seed in me,  
Powerful and inarticulate:  
I wanted to be pregnant...

The 2004 Indian Ocean tsunami had a similar effect in Indonesia (Nobles et al., 2014). In communities where tsunami-related mortality rates were high, women who did not have children before the tsunami started having them sooner than women in communities with few to no such fatalities.

Large-scale disasters may trigger increased awareness of mortality risk, even in those not directly affected, but personal experiences are also important. One British study found that girls who felt they lived in an unsafe environment had a higher chance of becoming teen mothers than those who felt they lived in a safe environment (Johns, 2010). And North American adults who had suffered more bereavements, a potential cue to personal mortality risk, started having children sooner than people who had suffered few bereavements (Pepper & Nettle, 2013). Even those who did not have children reported wanting to have them sooner if they had suffered more bereavements.

These studies suggest that our environments and experiences signal our life expectancy, thus affecting our reproductive scheduling. However, they are correlational studies and cannot confirm a causal relationship between life expectancy and reproductive timing. Nor can they isolate what specific cues or experiences are most important. We believe that psychological experiments have much to offer in this regard.

Psychological research into the effects of life expectancy on reproductive decision making is scant; however, a handful of experiments offer insights. One found that participants from low-income families who

read a newspaper article reporting increases in random acts of violence, rather than a control article, reported younger ideal ages to start having children (Griskevicius et al., 2011). Using an internet experiment, Mathews and Sear (2008) showed that, after answering a series of priming questions designed to focus attention on mortality, male participants reported wanting more children – an outcome associated with earlier initiation of reproduction. These studies were motivated by predictions derived from life history theory: both studies provide support for the hypothesis that early reproduction will be prioritised in risky, high-mortality environments. However, studies based on terror management theory have uncovered similar results. Terror management theory proposes that people's fear of death causes anxiety when mortality is made salient, leading them to attempt to 'transcend death' through actions such as having children (Fritzsche et al., 2007). Studies based on this theory have found that making mortality salient leads people to want children sooner (Fritzsche et al., 2007; Wisman & Goldenberg, 2005).

The experimental studies above make an important contribution by testing for a causal link between perceived life expectancy and reproductive timing. However, there are many other unanswered questions that psychological experiments could address. For example, what types of mortality matter most? From an evolutionary perspective, we would predict that mortality risks beyond individual control should have the greatest impact on reproductive scheduling (Quinlan, 2010). So, for example, rates of death due to large-scale disasters should have a greater impact on reproductive



In communities where tsunami-related mortality rates were high, women who did not have children before the tsunami started having them sooner than women in communities with few to no such fatalities

timing than rates of death due to individually controllable causes, such as suicide or drug abuse. Psychologists can help fully explore this question.

It may also be important to know, what is the relative importance of each piece of information people use to judge their mortality risk? While experiences of close bereavements are related to measures of ideal and actual reproductive timing, there appears to be no effect of the sheer number of people participants know who have died (Pepper & Nettle, 2013). Why might this be? Perhaps people we feel close to tend to share more of our own characteristics. They may be similar in age, gender and social class, they might live in the same place, or share our genes. Such similarities could make their deaths, rather than those of our more distant acquaintances, the best available indicators of our own life expectancy. Further psychological studies can help to assess the relative importance of such cues for reproductive preferences.

We have focused on the effects of life expectancy on reproductive decisions, because this is the topic that most experimental psychological research on


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reproductive decision making has focused on. However, we expect other factors to be important. Returning to the issue of whether the economic costs and benefits of children influence fertility: despite the paradox that, at the population level, lower fertility is associated with higher economic development, there is evidence at the individual, within-population level that the rising costs of investing in children may have contributed to decreases in family size (Lawson & Mace, 2011). Such relationships may be driven by perceptions of economic hardship, rather than an absolute

level of poverty that would make successfully raising healthy children difficult. In the UK, for example, even relatively wealthy mothers perceive that greater economic hardship is involved in raising larger families (Lawson & Mace, 2010a). Policy makers clearly believe that costs are a deciding factor in fertility. Pronatalist government programmes in Europe and East Asia focus on reducing the cost of having children, and some offer direct cash transfers, such as the Australian baby bonus. However, as we have already mentioned, these pronatalist programmes are having little to no effect on fertility. The rising economic cost of children, although an important factor, is only a component of what drives fertility down.

The costs of children, and perceptions of these costs, may also be influenced by the availability of support for parents in raising children. Throughout most of human history, children have been raised in cooperative childrearing systems, with mothers receiving much help from other family members in caring for, and provisioning, children (Hrdy, 2009). The nuclear family system of most high-income environments means that parents are expected to raise children with very little help from others, and much of the responsibility for hands-on childcare is borne by the mother alone. Such family systems may considerably increase the costs, and perceived costs, of raising children for parents. Combined with increasing economic prosperity and decreasing mortality rates, the dispersal of family units that occurred as countries industrialised may help to explain the transition to low fertility in Europe. Indeed, cross-cultural correlational evidence suggests that fertility may be higher in the presence of helpful family networks, and even in high-income, low-fertility environments, the provision of

childcare and financial support from grandparents has been correlated with higher fertility among parents (Sear & Coall, 2011). However, perceptions of support may be as important, if not more so, than practical or material support. Studies indicate that greater emotional closeness with kin may be linked both to the timing of fertility (Mathews & Sear, 2013), and to fertility intentions (Tanskanen & Rotkirch, 2014). Psychologists can help to test these under-examined ideas further – perhaps using experimental priming methods like those we described for the case of mortality risk.

There are also elements of population structure that may affect reproductive strategies. For example, the operational sex ratio (OSR), the ratio of males to females of reproductive age, may be important. When males of reproductive age are scarce, men have more mating opportunities and fewer incentives for long-term

commitment.

Meanwhile, when females of reproductive age are scarce, men should be more willing to make commitments

and to invest resources in

children. This idea was supported by a study based on English census data. It found that across relatively deprived areas, which tend to have earlier average ages at first birth, young women had higher birth rates in areas where males were scarce than in areas where males were plentiful (Chipman & Morrison, 2013). This suggests that women shift towards even earlier births when men are unlikely to make long-term commitments, and there is little point waiting for a mate who will invest heavily in his children. Again, this is an idea that could be tested further, by experimentally manipulating perceptions of male and female scarcity.

We have discussed the idea that structural and social factors, such as life expectancy, economic prosperity and family support influence reproductive behaviour. But how does this understanding change things? What are the implications for policy? Let us take the example of teenage pregnancy. As mentioned, the UK has one of the highest rates of teenage pregnancy in the EU at 19.7 births per 1000 women aged 15 to 19, compared with an average of 12.6 per 1000 across the EU (Office for National Statistics, 2014). British public health policies aim to reduce teen pregnancy on the assumption that it will improve health and life outcomes. However, as we explained above, earlier reproduction can be a rational, though not necessarily consciously reasoned, response to

circumstances associated with poverty – such as a relatively short life expectancy (Johns et al., 2011). This implies that the traditional approach of providing sex education and free contraceptives, though laudable and relatively easy to execute, may have limited effects. By contrast, tackling poverty and low life expectancy, though markedly more difficult to achieve, should reduce teen pregnancy as well as being beneficial in and of itself. As Arline Geronimus (1996) so eloquently put it, ‘...focusing on teen pregnancy prevention as the solution to persistent poverty may be the modern-day equivalent to suggesting that those without bread can eat cake. Instead or in addition, policy approaches that would offer poor women and men real reasons to expect to live predictable, long lives deserve a prominent position on the policy agenda.’

UK policies on teenage pregnancy are just one example of fertility-focused policy making that can be improved by a better understanding of reproductive psychology. The Singaporean government reportedly spends £810 million per year on policies to encourage its citizens to have more children. Initiatives aimed at boosting fertility are said to have included speed dating nights, perfumes containing pheromones, and a viral video of a rap encouraging citizens to ‘do their national duty’ and make babies. Despite all this, the total fertility rate of Singapore remains the lowest in the world at 0.80 children per woman (Population Reference Bureau).

It is also important to understand the impacts of population policies on psychology. For example, one study found that China’s one-child policy has produced a cohort of individuals who are less trusting, more risk-averse, less competitive, more pessimistic, and less conscientious than those born before the introduction of the one-child policy (Cameron et al., 2013). Another study, from the UK, has shown that having older siblings is associated with having relatively good mental health (Lawson & Mace, 2010b). Such findings highlight the potential dangers of instigating population policies that are not informed by a proper understanding of their likely psychological effects.

Whether or not we agree with specific policies for encouraging, or curtail, population growth, this is clearly a hot topic. And, with organisations such as the UK Behavioural Insights Team now dedicated to applying behavioural sciences insights to policy, it is clear that psychology is having an increasing impact. Population policies need input from psychologists and we invite you to step up to the challenge.

“Population policies need input from psychologists”



# Reproductive health matters

Olga van den Akker argues that psychological research and policy are surprisingly embryonic, struggling to keep pace with technological developments

You do not need to be a psychologist to know that reproductive health plays an important role in society and that individual psychological, behavioural and social factors affect reproductive health and vice versa. But did you realise psychological research has shown that health education, willpower, planning and the opportunity to exercise health behaviours (e.g. moderate alcohol and caffeine consumption, not smoking or taking drugs, maintaining a balanced diet) can lead to a healthy reproductive lifestyle, much like it affects general health? Health behaviours can also free people from unnecessary and preventable damage (e.g. unsafe abortions) or disease (e.g. sexually transmitted infections) and from the potential psychological consequences of these (depression, guilt, stigma); can contribute to early detection and treatment (e.g. for breast or testicular cancer); and can reduce time off work and use of the healthcare system (van den Akker, 2012). Clearly, reproductive health matters.

However, since many people do not know what affects reproductive health, they cannot all make informed decisions (Marshall, 2006; Oluwatosin & van den Akker, 2012). Access to and understanding of good reproductive healthcare advice, education and services is therefore necessary. There is a general lack of understanding about treatments for reproductive health problems too. Pioneer users of increasingly

technologically advanced treatments, for example tackling infertility, do not experience them in isolation – they live in a social world. They need to make informed choices. Impaired reproductive health, and in particular involuntary childlessness and treatment with assisted conception using third parties, can have severe and long-lasting psychological effects. It is therefore in the interests of governments and practitioners to consider social, psychological and behavioural research evidence in debates, consultations, policy, legislation and practice. Inexplicably, this does not happen as a rule.

## Reproductive health inequalities

Legislating, provisioning, educating and improving reproductive health



Consequences – not accurately predicted

effectively – and incorporating psychological research, assessment and treatment – is even more complex in the developing world. Here, much disease relating to reproductive functioning is preventable. Trauma and distress due to reproductive ill health is common, and psychological treatment and professional support is largely unavailable – possibly leaving people suffering in the hands of traditional healing and rituals. Infertility or miscarriage can have dreadful consequences across the world, with women in particular known to be ostracised, socially stigmatised, isolated, maimed and even killed for reproductive ‘incompetency’ (Vayena et al., 2002). Issues of gender, poverty, cultural traditions, religious beliefs, lack of educational and healthcare infrastructures, preventable morbidity and mortality all contribute to unnecessary and unjustifiable reproductive health inequalities and unimaginable psychological scarring.

Unfortunately, global health inequalities are difficult to eradicate, because good health infrastructures, transportation or electronic accessibility to remote areas and education all requires funding – not readily available in many parts of the world. This makes enactment of new or improved national policies difficult, but not impossible (Inhorn, 2012). Implementing behavioural change programmes or psychological support services for improved reproductive health and wellbeing, and balancing that against other economic pressures, is not the only difficult part: long-term planning needs to consider the psychological impact too.

## Reproductive health planning and cultural beliefs

Implementing national policies ideally requires a full understanding of the consequences, drawing on relevant research. This is not always the case. The UK recently legislated for anonymous mitochondrial donation (see [tinyurl.com/nzx4arn](http://tinyurl.com/nzx4arn)). It is suggested

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that the amount of genetic material transferred in mitochondrial donation to the resultant child is minimal; therefore no information about the donor providing it is necessary (see [tinyurl.com/pfuvubtr](http://tinyurl.com/pfuvubtr)). However, there is no reason to withhold health information from individuals no matter how small the expected third-party contribution may be. It is a basic human right to have accurate information about one's health (Gomes de Andrade, 2010), particularly where medical intervention has brought the third-party material into play, not a forgotten phone number after a night of unplanned, unprotected sex. Research on other third-party reproduction, such as surrogacy and gamete donation, has demonstrated that anonymity about one's origins can affect the identity of the resultant children as they grow up (van den Akker et al., 2015). Third-party assisted conception leads to new and complex interpretations of relatedness (Richards, 2014), which can have devastating psychological consequences for members of the new family in the long term. Useful culture specific psychosocial evidence – concerning, for example, the importance of a genetic link – was largely ignored in recent legislation.

The disastrous long-term effects of a very different kind of state intervention, which did not tap into psychosocial factors either, can be found in China. In 1980, a one-child policy was introduced for people living in cities, to reduce overpopulation and the number of children requiring feeding. The psychosocial, economic and human rights (and wrongs) effects of this policy on the population are known to have been substantial. People feared having a daughter, as cultural traditions dictate she would marry and help her husband's family into old age, whereas a son would work and care for them. The resultant consequences were not accurately predicted. They included selective feticide (killing of unborn fetuses) and female infanticide (killing of newborn babies) (Tyano et al., 2010); a subsequent

unplanned and unbalanced male to female ratio; disabled children left abandoned to die inhumanely; and new unauthorised (second) births hidden from the authorities. Abortion rates for policy and economic reasons have skyrocketed. In addition, China is left without a sufficient workforce to care for its growing ageing populations; and a more recent slackening of this policy, in recognition of this shortfall, has not resulted in a substantial increase in parity. The psychological impact and long-term effects of these desperate measures are not yet fully assessed, but guilt, depression and symptoms of post-traumatic stress are likely to haunt those who succumbed to these diabolical practices.

### Choice and the context

According to the Office of National Statistics, a steady decrease in births and fertility from previous years is evident in England and Wales (see [tinyurl.com/ngcmsqa](http://tinyurl.com/ngcmsqa)), as is the case elsewhere. Here, state reforms and economic austerity measures of the welfare system (such as reductions in housing benefit and room sharing) played a part, though much more subtly than in China. Total fertility rates are also decreasing, and the average age of mothers has increased to 30.0 years, compared with 29.8 years in 2012.

These national statistics reflect behavioural changes, lifestyle choices and attitudes towards competing interests (Galinsky et al., 2011). We weigh up finances, career prospects and housing situations when deciding if and when to start a family. Also, other social issues, including a decline in childbearing within marriage, an increase in people remaining single, and more lesbian and gay

## Meet the author

'Even before I started work as a psychologist, my interests as a student were sparked by a diversity of innovative reproductive health research projects. Much of that research has subsequently seemed more like an interesting hobby than a job.'

Some 35 years (and three children of my own) later, I still think I made the right decisions, would not change any of it, and enjoy these questions as much as when I started. I hope I have inspired others along the way, and that – out of all reproductive health matters – priority is given to eradicating reproductive health inequalities.

My main message here is that long-term psychosocial research, across diverse areas of reproductive health, reflecting on past changes and projecting on future needs contextually, is urgently needed to inform policy.'



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partnerships, affect and limit reproductive 'choices' and contribute in turn to the changing fertility rates. Yet survey evidence from young educated, professional Western populations shows the desire to build a family in addition to achieving life goals is not abating (Johnson & Tough, 2012).

Governments need to react to the lifestyle and attitude shifts they have encouraged, because the biological clock is ticking – more and more people will need treatment if this important life goal is still to be achieved. The decreasing or impossible fertility prospects for people due to psychological or social factors means many more people now require and seek assisted conception services to help build their families (Richards, 2014). Furthermore, the choice is also limited by the fact that building a family using

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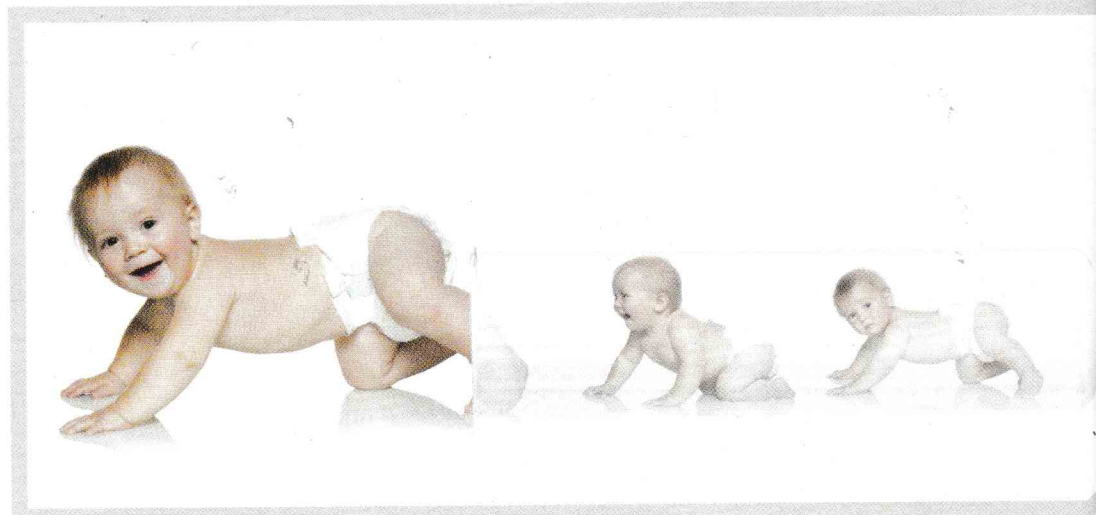
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assisted conception is not as easy as it sounds; it is notoriously unsuccessful, can be associated with stigma and uncertainty, it medicalises conception, brings a third party into the process and can lead to substantial psychological distress and disappointment (Johansson et al., 2011).

In addition to these psychological costs, there's a financial burden too. In some parts of the UK, healthcare resources fund assisted conception treatment, and in areas where this is not the case health inequalities determine who has and does not have treatment to overcome involuntary childlessness, again impacting upon 'choices'. Internationally, research has shown that white, middle-class, heterosexual couples are more likely than non-white couples to have used assisted conception (Culley et al., 2012). Where treatment opportunities are not possible, psychological support is necessary, although this is still not catered for in most countries across the world and not addressed adequately in substantive reports on inter/national guidelines and best practices (Lunenfeld & van Stierterghem, 2004).

Medically recognised infertility is another area where apparent 'choices' are limited. Around 10 per cent of the world's population are born with either no, incomplete or malfunctioning reproductive organs or systems. This can be caused by disease (e.g. childhood mumps), treatment for disease (e.g. treatment for cancer), accident or injury. Because infertility is associated with stigma or incompleteness, and challenges culturally determined notions of



Internationally, research has shown that white, middle-class, heterosexual couples are more likely than non-white couples to have used assisted conception

femininity and masculinity, it is globally interpreted as one of the greatest life stressors (Cousineau & Domar, 2007; see also [tinyurl.com/qcsacyg](http://tinyurl.com/qcsacyg)). Numerous increasingly sophisticated treatments are available, giving people opportunities they could not have dreamt up a few decades ago. Nevertheless, some of these are associated with substantial risks at medical, public, social and private levels (Mathur, 2015). Preventing risk factors for infertility should therefore be a worldwide educational priority, and accessibility to treatment should be a local priority. Unfortunately, research funding is not proportionally allocated to this area of health.

### Risks of treatment

In addition to dealing with the emotional turmoil associated with a diagnosis of infertility or involuntary childlessness, most treatments are technologically complex and personally invasive, requiring new psychological adjustments. Increasingly sophisticated techniques, such as intra-cytoplasmic sperm injection,

prenatal genetic diagnosis and the use of donated gametes, surrogates, frozen embryos and, more recently, mitochondrial donation, result in increasing uncertainty of the long-term physical, genetic and cognitive/mental health of the children resulting from these treatments (Mathur, 2015). Cognitive dissonance and cognitive restructuring of what kinship, motherhood and fatherhood means is also necessary (Strathern, 2005), although this does not usually happen until after treatment is initiated. There is a professional, ethical and moral obligation across disciplines to ensure the welfare of all parties involved is protected and assured prior to or at the time of treatment (van den Akker, 2013). However, few studies report on the psychological, behavioural and social risks associated with them.

### The international market

Biopower – modern political systems regulating and controlling populations via modern medical techniques, including public health regulation and heredity

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(Foucault, 1998) – has become increasingly relevant in reproductive health. A new kind of biopower is also in the hands of sufficiently wealthy infertile couples and gay, lesbian and single men and women of all ages who can afford it. As with quests for new teeth, enhanced body parts or improved appearances, individuals pay for alterations the NHS does not cater for. The savvy healthcare shopper goes abroad, and the international market in fertility treatment, gamete donation and surrogacy is now a multi-million dollar industry.

Surprisingly, the ethics of international baby buying is rarely addressed (Qadeer, 2010), despite known cases of child trafficking and paedophile users of these internationally accessed services. Other ethical concerns include the discrepancy between male and female infant births, illegal abortions for sex selection and the exploitation of surrogate mothers. Surrogate mothers in developing countries, for example, are not always giving informed consent; they undergo chemical abortions for which they were not fully prepared; they are paid minimal fees; some commissioning parents will not take a child born with abnormalities; and some surrogates are removed from their families to prevent STIs and the 'stigma' of surrogacy in their local communities (see report from the Centre for Social Research, India: [tinyurl.com/qc2fhgh](http://tinyurl.com/qc2fhgh)). The psychological consequences for all parties concerned are only just being addressed in research. We need to catch up with these new and thriving businesses that encourage people to exploit each other.

### The consequences

Although most of us understand the strong desire some people feel to have children – and indeed evidence suggests not fulfilling this life goal affects wellbeing well into late life (Hansen et al., 2009) – this should be balanced with the best interests of the child. Unregulated treatment is not designed to be in the interests of any child conceived for the sole purpose of meeting the specifications of the commissioning parent(s) at a negotiated price. Because international laws differ, and UK law on birth registration is not aligned with, say, Indian law, new parents commissioning gametes or surrogate babies via India can find they have a baby they cannot legally

call their own or give British nationality. Because of legal loopholes, it is not possible to accurately predict the number of parental order reports made for surrogate babies brought into the UK (Crawshaw et al., 2012), and legal parenthood is not officially registered. Having children should be a positive experience involving private certainty and public understanding and recognition that the best interests of the child were paramount. This is not always the case.

Much previous research has reported there are no adverse outcomes for children born from third-party assisted conception, although there are exceptions. Higher levels of adjustment problems are noted in children conceived via surrogacy, but not in children conceived using gamete donation (Golombok et al., 2012). The authors suggest this can be due to the lack of

a gestational link or an awareness of their conception, and children may feel less secure when faced with their mothers' emotional problems. Numerous other adverse and unanticipated consequences are reported.

It is telling that people conceived via scientific developments that helped create them, are now in turn, using science to find genetic relatives (van den Akker et al., 2015). Normative concepts of relatedness and kinship are challenged and these are not yet adequately addressed in research, policy or practice.

### Family and kinship shifts

The study of kinship of families created using third-party assisted conception has mostly focused on the treatment of the parents seeking the treatment, rather than the kin relationships once the new family exists (Carsten, 2004). This is again too late. How we define family and what it means to be in a family are all areas that influence how we see and define ourselves. Third-party reproduction mimics familiar family forms and creates new ones. Discourses of resemblance and similarity described many decades ago continue to pervade people's ideas of biogenetic relations, and any 'outside' or third-party biological or genetic input is hidden or marginalised.

A key theme in current debates over kinship in reproductive technologies is the place of the biogenetic relationship and how it is 'choreographed' where disclosure has taken place (Thompson,

2005). For example, in Vietnam, like India, limited education about genetics is available, leaving couples using or providing gamete donation or surrogacy with culture-bound beliefs that a birth mother is the 'real' mother of the child (Hibino, 2015). In many Western cultures, genetic parenthood is seen to be the determinant of parenthood, even if governments (e.g. the UK) register births to birth mothers automatically. Levine (2008) argues that kinship models created by non-traditional families use conventional as well as radical ideas to reference biogenetic connections. This is evidenced in research where people coped with cognitive dissonance of the biogenetic distance with the child by cognitively restructuring new interpretations of third-party assisted conception families (van den Akker, 2007). In order to do this effectively, accurate health information and education is necessary at a global level.

### Research, policy and practice together

I have tried to show that the interaction between reproductive health and regional, governmental, economic, cultural, social and psychological factors is complex. Reproductive health inequalities are rife, and gender inequalities in particular are responsible for much unjustifiable harm. Internationally, family building using donated gametes, mitochondria or a borrowed or 'leased' uterus from a third party is set to be increasingly used now that some countries benefit economically from the industry. This leads to changes in the genetic footprint and/or gestational environment of new generations.

Research on the psychological effects and consequences of these modes of family building, of kinship and identity is only scratching the surface. Treatments using these advances in technology and medicine are brought to society via government policy, and they have implications at economic, cultural, social and psychological levels. However, research, policy and practice do not always work well together in matters concerning reproductive health.

Reproductive healthcare services need to reflect the specific and lifetime shifting needs of the populations they serve and not only predict but support the psychological effects and psychosocial consequences. True globalisation requires a more harmonious interaction between scientific research, technological innovation, policy and practices. This cannot be done until worldwide inequalities are tackled first.

"Reproductive health inequalities are rife, and gender inequalities in particular are responsible for much unjustifiable harm"





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Dr Heidi Heard is a senior international consultant and trainer in DBT and author on the original DBT outcome trial with Marsha Linehan. She is the US consultant to BIDBT, regularly travelling to the UK to deliver training and provide consultation to a range of clinical settings. She has written extensively on BPD, DBT and cost-effectiveness.

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# How biases inflate scientific evidence

Angela de Bruin and Sergio Della Sala consider the example of the cognitive benefits of bilingualism

'Bilingual brains are more healthy'. 'Being bilingual really does boost brain power'. 'Bilingual adults have sharper brains'. These are just some of the media headlines claiming that people who speak a second language have a cognitive advantage compared with monolinguals. Although exaggerations, these headline are based on scientific studies finding advantages in suppressing irrelevant information, switching between tasks, and mental flexibility.

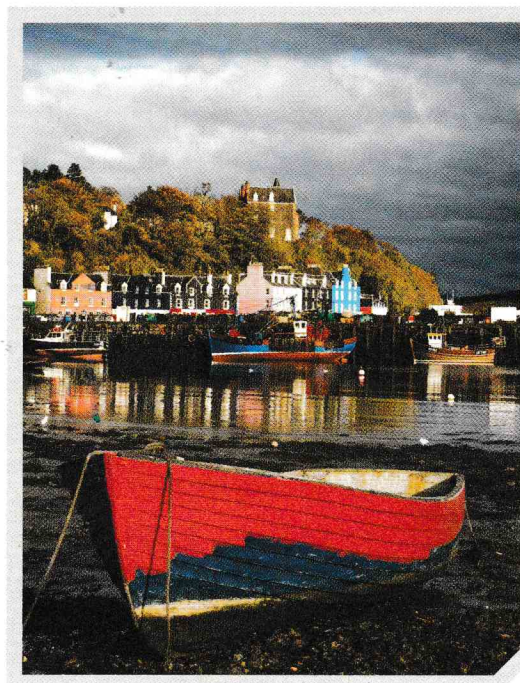
Hoping to make their child smarter, parents are increasingly asking for bilingual nannies to teach their child another language. The finding that bilingualism may delay the onset of dementia by five years has been used by companies to encourage people to buy their language-learning software, again with catchy headlines like 'Worried about Alzheimer's? Learn a second language' (Rosetta Stone) and 'Delay dementia for up to five years through language learning' (Babbel).

But do bilinguals truly have such an impressive cognitive advantage? In this article, we will discuss how a publication bias – positive results are more likely to be published than null or negative results – may have inflated the evidence.

## Bilingualism and executive control

The first studies that showed positive effects of bilingualism required participants to suppress task-irrelevant information. One relatively well-studied

task in this field is the Simon task. In this task, participants need to respond to certain shapes by pressing a button, for example the left button for a triangle and the right button for a square. Shapes appear on the left or right side of the screen, leading to incongruent (e.g. left-side screen, right button) and congruent (e.g. left-side screen, left button) trials.



The Hebrides are a valuable environment to study bilingualism

Incongruent trials commonly elicit slower reaction times (RTs) than congruent trials, which is also called the Simon effect.

Bilinguals have been found to show smaller Simon effects than monolinguals, suggesting that they find it easier to suppress irrelevant information (Bialystok et al., 2004). The explanation behind this inhibitory advantage is based on the finding that bilinguals constantly have to control their two languages. The two languages of a bilingual are apparently always active, even if only one language is needed. Thus, when a bilingual wants to speak in one language, the other language needs to be suppressed. For example, when a French speaker needs to describe a dog in English, it is not only crucial to select the English item, but also to suppress the French word *chien*.

Bilingual advantages have not just been found to be related to inhibition, but also to task switching. When bilinguals and monolinguals were asked to sort stimuli according to shape or colour, bilinguals were faster at switching between the colour and shape decisions than monolinguals (Prior & MacWhinney, 2010). This could be related to language switching: bilinguals who often switch between their two languages may also be better at switching between two non-verbal tasks.

More recently, researchers have argued that a bilingual advantage is more global than just one specific domain of executive control such as inhibition or switching. Rather, the advantage could extend to 'conflict monitoring', 'coordination', or 'mental flexibility': in other words, bilinguals are generally better at monitoring and solving conflicts. Yet perhaps the most surprising outcome of

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bilingual–monolingual comparisons concerns the finding that bilingualism may delay the onset of dementia by approximately four to five years (e.g. Alladi et al., 2013).

### Bilingualism in the Hebrides

These beneficial effects of bilingualism could have important practical and societal implications and are now often presented as accrued wisdom. However, many other studies have failed to find a cognitive effect of bilingualism. We recently conducted a study in the Scottish Hebrides, comparing Gaelic–English bilinguals to English monolinguals (de Bruin et al., 2015). The Hebrides are a valuable environment to study bilingualism, as bilingual and monolingual speakers come from similar backgrounds and are living in similar environments. Many previous studies that showed an effect of bilingualism compared bilinguals with monolinguals that differed in background variables such as immigration status, education, country of origin or lifestyle. In our study, we therefore tested non-immigrant bilinguals and monolinguals and were particularly thorough in matching them on background variables. We furthermore compared active bilinguals, who still used both Gaelic and English, with inactive bilinguals, who only or mainly used English. We gave participants a series of tests, including tasks measuring their ability to suppress information (a Simon task similar to the one described above) and their ability to switch between tasks. No overall effects of active or inactive bilingualism on inhibition or switching were found.

Our study is not the only one that failed to observe an effect of bilingualism. Testing large numbers of participants, several studies did not observe a bilingual effect on tasks that had previously shown advantages compared with monolinguals (e.g. Paap & Greenberg, 2013). Similarly, the delaying effects regarding dementia have been challenged too (e.g. Lawton et

al., 2015). So despite the initial studies showing large effects of bilingualism, most recent studies have not observed effects of bilingualism at all or only in restricted circumstances. In fact, it has been estimated that 80 per cent of the studies conducted after 2011 showed no positive effect of bilingualism (Paap et al., 2015). Thus, there appears to be a shift from studies showing strong effects of bilingualism to more recent studies challenging this advantage.

### The decline effect

To examine this apparent shift in evidence, we analysed studies testing the effects of bilingualism on executive control published between 2004 and 2014 (de Bruin & Della Sala, 2015). We classified the studies as overall ‘supporting’ or ‘challenging’ a bilingual advantage, or as having ‘mixed’ results if no conclusion was drawn. Whereas the majority of initial studies supported this hypothesis, the picture has been more balanced in the past few years (when the number of overall studies has also increased). This is furthermore supported by Klein (2015), who compared results found on two specific tasks (Simon and flanker tasks) over the years. Large reaction time differences between bilinguals and monolinguals were only found in initial studies. Later studies either showed no difference at all or very small effects.

This phenomenon of a decrease in positive evidence after a strong initial finding is not unique. Dubbed the ‘decline effect’, it has been observed in various research fields. For example, Ozonoff (2011) describes how evidence for a widely used autism treatment is now diminishing (Carter et al., 2011). Similarly, initial research showed that depression was more often associated with left-hemisphere strokes than right-hemisphere strokes, whereas later systematic reviews showed no effect of stroke location on depression (Carson et

## Meet the authors

‘A few years ago, our group became interested in the claim that bilingualism may boost cognition. We investigated this question and obtained positive, negative, and null results. However, we only managed to publish the positive findings and asked ourselves whether this is a more general problem happening to other researchers. We investigated and found the issue of publication bias in the field of bilingualism and executive control, but also in other fields. This does not mean that this effect or other effects do or do not exist, but researchers and the society should be aware of these biases. We can only increase our knowledge if we share all sound data regardless of the outcome.’



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al., 2000). More generally, decline of evidence has been discussed for clinical (Ioannidis, 2006) and experimental psychology studies (Francis, 2012).

Several reasons have been suggested to explain this decline effect (for discussion see: Lehrer, 2010; Schooler, 2011). Regression to the mean is the most common statistical explanation. A first finding may be excessively large due to errors. In subsequent studies, statistical self-correction should lead to values closer to the mean. In the field of bilingualism, conceptual rather than

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direct replications may be another explanation for the increase in null findings. Studies have aimed to replicate the bilingual advantage in different types of executive control tasks and using different types of bilingual populations. Some of these may not elicit an effect of bilingualism, for example when speakers with a low proficiency in their second language are tested instead of high proficiency speakers. Trying to find the boundaries of an effect is likely to yield more null effects.

Research practices and biases have also been suggested as the underlying mechanism. Initial studies are typically reported with smaller sample sizes, whereas replications tend to include more participants. Larger studies have been linked to smaller effect sizes (McMahon et al., 2008), which could explain why later studies with more participants also report smaller effects. The lack of self-replication is important in this respect too. Publications often only report one experiment without any replications. This single experiment with a small number of participants may yield a large effect size. However, if this positive result is due to errors, replications will struggle to obtain similarly large effect sizes, or any effect at all.

Another well-discussed bias is the publication bias. When a hypothesis is tested for the first time, it may be easier to publish positive results with large effect sizes. Null results are not meaningful if there is not yet any evidence for the existence of a certain phenomenon. However, null results may become more interesting and easier to publish once there is a more established theory. A publication bias has been described for many different research fields, including psychology (e.g. Francis, 2012), social sciences (e.g. Franco et al., 2014), and clinical research (e.g. Easterbrook et al., 1991). The existence of a publication bias could explain why positive findings

are overrepresented in the literature (cf. Ioannidis et al., 2014).

We conducted a meta-analysis of published studies to get an impression of the effect sizes found in research on bilingualism and executive control. This analysis showed an average effect size of  $d = .30$ , which can be interpreted as a small, but positive effect of bilingualism on executive control. However, the meta-analysis was based on published results only and also showed evidence for the existence of a publication bias.

We wanted to examine whether a publication bias could have inflated this apparent positive effect (de Bruin et al., 2015a). We collected conference abstracts on the topic of bilingualism and executive control presented at 169 conferences between 1999 and 2012. We then classified these abstracts in four groups: studies fully supporting the bilingual advantage; studies with mixed data that, on the whole, supported the bilingual

"a publication bias does lead to a distorted representation of the actual effects"

advantage; studies with mixed data that mainly challenged the bilingual advantage; studies that fully challenged the bilingual advantage.

Next, we checked which results presented in the conference abstracts were eventually published in a scientific journal. In total, half of the results were published in a journal. Whereas 68 per cent of the studies fully supporting a bilingual advantage were published, only 29 per cent of the fully challenging studies were published. The two types with mixed results scored in-between: Studies with supporting mixed results had a publication rate of 50 per cent, whereas studies with challenging mixed results were published 39 per cent of the time. There was thus a clear difference in publication outcomes – studies fully or mainly challenging the bilingual advantage were less likely to be published than studies fully or mainly supporting this idea.

Why are some studies not published? Sometimes studies presented at conferences are not published for a good reason. Researchers might only conduct an experiment to pilot a new idea or task, or the design may be flawed. They might not test enough participants to draw reliable conclusions and might therefore decide not to publish their results. In our analysis, we therefore also tested for potential background differences. Challenging and supporting studies used very similar tasks, similar numbers of participants and did not differ in the year of the conference abstract or the likelihood of detecting an effect. Thus, the differences in publication outcomes were not due to quality differences.

A publication bias could have occurred at different stages of the writing and publishing process. Researchers might decide not to publish certain data, because they deem them uninteresting or the results do not fit their theories. Reviewers and editors might furthermore be more likely to reject null and negative data compared with positive data. These rejections are often based on the idea that null results are not interesting enough, the result of flawed experiments, or the result of a small participant sample. The general aversion to null results has been nicely demonstrated: Mahoney (1977) asked journal reviewers to referee manuscripts with positive, negative or mixed results. Although the papers differed in their result types, the methodological procedures were identical. Yet, reviewers scored papers with positive results as methodologically better than manuscripts with negative or mixed results. Manuscripts with negative, null or mixed results were furthermore mostly rejected, whereas positive results were accepted with moderate revisions.

## A distorted representation

Deciding to publish some, but not all, studies depending on the type of results is very problematic for data interpretation in any field. A publication bias does not

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Although initial studies showed large effects of bilingualism, these have been challenged in more recent studies

mean that an effect does not exist, because it does not directly validate the quality of published evidence. However, a publication bias does lead to a distorted representation of the actual effects.

Although we have taken the literature on bilingualism and executive control as an example, publication bias is a common phenomenon that affects many research areas. Effects of publication bias may be most damaging in medicine studies. For example, the drug Tamiflu, used as a treatment against influenza, was approved after several clinical trials that showed that the drug worked. Five years later, when the drug maker disclosed the full findings, 70 additional and unpublished trials where discovered, many with negative or inconclusive results. Including these hidden trials led to a more complete interpretation, and many of the assumed effects of Tamiflu could no longer be proved (see Tavel, 2015).

Only having access to 'successful' studies and only reading about studies that have found an effect will let us believe that this effect is strong and unchallenged. What we do not know, however, is how many 'failed' studies with no effects were hidden in a drawer. We should be aware that there are many well-conducted studies without positive effects that remain unpublished – in the field of bilingualism, but possibly also in all other research fields. This is firstly problematic for the scientific interpretation of a phenomenon. The results of a meta-analysis are not reliable when based on published studies only. We can only discuss the effects of bilingualism when we have access to all study results rather than just the positive effects. Similarly, even if an effect does exist, null or negative results can help researchers to establish the boundaries of this effect. In the case of the potential bilingual advantage, we now know that this effect is small at best. It has been found in many studies, but also challenged in others. It is often absent in studies with younger adults or certain language groups, or is only found in certain (parts of) tasks. Positive results can inform us about the tasks and participant groups that do elicit an effect. Null or negative effects, however, can be equally informative and can tell us about the circumstances that do not show an effect.

Publication biases and selective reporting could be diminished through

pre-registration and more transparency (cf. Registered Reports in *Cortex*: Chambers, 2013; and the TOP guidelines on Transparency and Openness Promotion in Science, 2015; see discussion in *The Psychologist*: Jarrett, 2013, and Rhodes, 2015). Registering and reviewing ideas and methods before the study is conducted will encourage researchers to specify their hypothesis before data collection. Moreover, it would enforce reporting all pre-registered analyses and results.

The interpretation of null effects can be improved through the use of Bayesian analyses that provide quantifiable evidence for a null result. Whereas the traditional *p*-values used in null hypothesis statistical testing can only say that there is lack of evidence for an effect, Bayes factors allow one to directly compare evidence favouring the null ('no effect of bilingualism') with evidence for the alternative hypothesis ('an effect of bilingualism'). In this way, data that show no difference between bilinguals and monolinguals can be supported by statistical evidence, thus strengthening the interpretation of null effects.

Finally, researchers themselves should be careful not to exaggerate their findings in press releases (Sumner et al., 2014). Taking all these steps could help to ensure that the field of bilingual advantage receives headlines that are scientifically justified.

### Expanding minds

The evidence for a bilingual advantage is not as pervasive as commonly assumed. Although initial studies showed large effects of bilingualism, these have been challenged in more recent studies. Of course, there are still scientists who believe in a strong and unchallenged bilingual advantage. In a commentary on our paper discussing publication bias, leading researchers in this field doubted the importance of null effects (Bialystok et al., 2015; cf. de Bruin et al., 2015b, for a response). Yet for research to progress, we must surely have the full story: all data should be shared, regardless of the outcome.

We should emphasise that bilingualism and second language learning is an advantage by definition. It allows you to travel to other countries, learn about other cultures, meet new people, broaden horizons and expand minds. When will psychology truly broaden its own horizons, by ensuring that research – especially on issues of societal relevance and popularity – is free from publication bias?

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# Depression – more than the sum of its symptoms

Eiko I. Fried with the latest in our series for budding writers  
(see [www.bps.org.uk/newvoices](http://www.bps.org.uk/newvoices) for more information)

Major depression (MD) is the most common mental disorder, and among the most disabling diseases in the world. Despite tremendous efforts and investments, research results of the last decades have been disappointing at best. Drug efficacy and biomarkers are good examples: antidepressants do not substantially outperform placebos (e.g. Pigott et al., 2010), and large genetic studies have consistently failed to identify any biological correlates of depression (e.g. Daly et al., 2013; Hek et al., 2013). While the most common response to these setbacks is calling for larger samples – Hek et al. called for the investigation of 50,000 participants in their study of 34,549 individuals – the idea that we are doing something wrong on a very fundamental level remains largely unaddressed.

Let us conduct a typical depression study together. We start with the hypothesis that depressed individuals differ from healthy controls in one particular aspect, for example their genetic architecture. The first step is to identify depressed and healthy people so we can compare them. To do so, we examine depressive symptoms such as sad mood, fatigue and appetite problems in a large sample, using clinical interviews or self-report questionnaires. Symptoms of each participant are added to a sum that reflects a person's depression severity, and we use a certain threshold to classify individuals as healthy or depressed. The *Diagnostic and Statistical Manual of Mental*

*Disorders* (DSM-5: APA, 2013), for instance, requires the presence of at least five depression symptoms for a diagnosis, and questionnaires like the Beck Depression Inventory have specific cutoffs to separate disease states from normal functioning. Once we have obtained our two groups, we compare them regarding our variable of interest.

This experiment is paradigmatic of depression research: sum-scores of symptoms are used universally, and cutoffs distinguish between clinically depressed and healthy individuals. This procedure contains two major problems that have substantially contributed to the lack of progress in important research areas.

First, depression is studied as if it

were a specific consistent syndrome similar to medical conditions such as measles, despite its pronounced heterogeneity. It is striking how many problems are considered 'depression symptoms'. The DSM-5 defines nine symptoms of MD, and a diagnosis requires the presence of at least one of the two core symptoms, and at least four of the seven secondary symptoms. Since nearly all DSM symptoms are compounds (e.g. loss of interest or loss of pleasure, insomnia or hypersomnia), around 20 distinct symptoms for depression are listed in the DSM. In addition, common rating scales of depression, such as the Beck or Hamilton scales, encompass a host of symptoms not defined in the DSM (for instance irritability, guilt, hypochondriasis). In sum, the idea that every person in a 'depressed' sample has the same condition contrasts with decades of clinical experience and scientific evidence. Recent studies have shown this dramatic heterogeneity of the depressive syndrome (e.g. Olbert et al., 2014), and we recently identified 1030 unique symptom profiles in 3703 depressed patients (Fried & Nesse, 2015a). Nonetheless, all participants are commonly grouped into one diagnostic category, and the search for causes or biomarkers proceeds as if depression were a distinct and specific disease.

The second problem is that depression symptoms such as sadness or fatigue are understood as interchangeable indicators of an underlying disease, and added to sum-scores to reflect depression severity. This procedure is again derived from the rest of medicine, where it makes a lot of sense. Because symptoms are passive consequences of a disorder, they can be considered equivalent and interchangeable. The nature of symptoms is irrelevant – a doctor is not interested in the particular measles symptoms as long as the



The idea that every person in a 'depressed' sample has the same condition contrasts with decades of clinical experience and scientific evidence

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presence of measles can be determined reliably. What counts is the number of symptoms.

But individual depression symptoms differ in important aspects, which contrasts with the practice of sum-scores. Biological studies examining symptoms have established that specific symptoms have specific biomarkers, depression symptoms differ in their risk factors, and certain symptoms are much more impairing than other symptoms (for a review, see Fried & Nesse, 2015b). It matters greatly whether someone exhibits fatigue or suicidal ideation. It is also difficult to imagine that one disorder causes symptomatic opposites such as psychomotor agitation and retardation, weight gain and weight loss, insomnia and hypersomnia – all of which are defined in the DSM-5 as symptoms of MD. It is even more difficult to imagine that depression causes the other 50+ symptoms commonly used in rating scales of depression. On top of that, the fact that particular life events trigger specific symptoms of depression (Fried, Bockting et al., 2015; Keller et al., 2007) is not consistent with the idea that all depression symptoms are results of one common cause (which is often assumed to reside in the brain). Finally, it is obvious that insomnia can cause fatigue, that rumination can trigger concentration problems, that reduced appetite can lead to weight loss. While depressed patients often suffer from problems that fuel each in vicious circles, sum-scores and common statistical models ignore such reciprocal interactions among symptoms (Borsboom & Cramer, 2013).

Three steps could move the field forward substantially. First, it would be beneficial to break down sum-scores to individual symptoms and examine them separately. The low efficacy of antidepressants may be due to certain drugs increasing depression symptoms, such as sleep problems, while decreasing others, such as sadness; the analysis of sum-scores conceals these effects. Genetic studies may have resulted predominantly

in null-findings because studies based on sum-scores can only capture the shared genetic variance of all symptoms, which is likely very small. And the role of inflammation in the etiology of depression may be largely unresolved because the majority of studies examine sum-scores instead of symptoms.

Second, we need to investigate causal associations among symptoms. Depressed patients often suffer from problems that fuel each other, and while this has been common knowledge among clinicians for decades, it has only recently gained broader attention in psychopathological research (Borsboom & Cramer, 2013; Fried, 2015). Studying the way symptoms shape each other across time will provide substantial insights to develop intervention and prevention programmes.

Finally, we have ignored the idiographic aspects of psychopathology for too long (Molenaar, 2004), which is especially problematic for a disorder as heterogeneous as MD. Recent advances in mobile phone software allow researchers to closely follow single participants over time, with multiple measures a day, which will help us understand how psychopathological problems trigger each other on a highly individualised level (Kramer et al., 2014).

In 1909 it was observed that Emil Kraepelin, the founder of modern psychiatry, 'performed a great service by showing the importance of making a closer study of the symptomatological picture and demonstrating the value of certain symptoms as prognostic guides' (Kirby, 1909). While such calls for the analysis of individual symptoms and their interactions are over a century old – and have been repeated throughout the history of medicine (e.g. Costello, 1993; Persons, 1986) – they have been largely ignored in research. One reason for this is that multivariate statistical models with many different symptoms are often complex and can require advanced statistical knowledge. Another problem is that both laypeople and researchers have the tendency to essentialise mental

disorders like depression, and understand them as clear and distinct diseases with clear and distinct causes. This has fostered simplistic thinking and research questions such as 'What is the cause of depression?'. Lastly, the prevalent idea of depression as brain disease that causes all symptoms downstream has promoted the problematic notion that symptoms only serve as uninteresting, passive and interchangeable indicators of an underlying disease that we aim to measure and cure.

Studies of complex dynamic systems in economics, environmental sciences, and bioinformatics have shown that important insights can be gained from the analysis of highly multivariate data. In my own work as a postdoctoral research fellow at the University of Leuven, I have been adopting a novel symptom-based approach with a number of colleagues at different institutions. We have documented that individual symptoms of depression differ in their risk factors (Fried et al., 2014) and impact on impairment (Fried & Nesse, 2014), and recently reviewed over 100 studies that identified crucial differences among depression symptoms (Fried & Nesse, 2015b). We have highlighted the problematic assumptions that underlie current depression studies (Fried, 2015), shown that depression is a highly heterogeneous disorder (Fried & Nesse, 2015a), and that specific life events such as bereavement are associated with specific depression symptom profiles (Fried, Bockting et al., 2015; Fried, Nesse et al., 2015). Currently, I'm investigating the potential benefits of this framework for other mental health conditions such as psychosis and PTSD.



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## The enigma of testing

Almuth McDowall and Céline Rojon caught up with **John Rust**, long recognised as one of the UK's foremost experts on psychometrics

Committed to disseminating best practice, Professor John Rust is a passionate advocate for psychological assessments. But he is also not shy of articulating the challenges and controversies inherent in psychometrics, which he outlined to a captivated audience in December 2014 at the International Coaching Psychology Congress hosted by the British Psychological Society's Special Group in Coaching Psychology. At the same event, we chaired an entire stream on psychometrics in coaching, which we noted divide opinion amongst coaches and coaching psychologists. Some are fervent advocates, others very cautious about 'putting people in boxes'. Whether one buys into psychometrics or not, the fact remains that they are an important part of psychological practice. There is no better person to comment on their not uncontroversial history and future trends than John.

**Tell us, John, for how long have you been working in the field of psychometrics?**

Graduating from Birkbeck in psychology, statistics and computer science in 1970, I was looking for a PhD position and joined Hans Eysenck's team at the London Institute of Psychiatry on a Medical Research Council scholarship. The twin register had just been established (it's still going strong, as Robert Plomin will tell you) and hence it was natural for me to specialise in psychogenetics. My PhD thesis was on the inheritance of psychophysiological measurements – skin resistance, EEG-evoked potential, heart rate, et cetera. From a statistical modelling perspective, psychogenetics and psychometrics are very similar, so when in 1976 a Lectureship in Psychometrics was advertised at the London Institute of Education I applied and took the plunge. I subsequently learned that the post was

on a downward slope, previous occupants having been Cyril Burt and Paul Vernon! Psychometrics was going out of favour at that time, and my own supervisor's reputation wasn't much help either as his controversial book on race and IQ had just been released.

**What first sparked your interest?**

It was the enigma. Psychological testing, then as now, is one of the most important fields of applied psychology, yet

"All of us are now tested from the cradle to the grave"

universities were beginning to exclude it from their syllabuses on the grounds that it was too controversial. This seemed ridiculous to me – if we were convinced that scientific racism was wrong, then we ought to have the courage to find the evidence to prove this, not ignore it. My belief that if IQ testing was going to take place anyway it should at least be done properly led me to projects with test publishers, standardising many of the leading IQ tests in the UK over the following years – for example the Wechsler Intelligence Scale for Children versions WISC-III and WISC-IV, as well as the Wechsler Individual Achievement Test, an adult version of the Wechsler instrument; Raven's Progressive Matrices, a nonverbal test of reasoning ability; and the British Ability Scales.

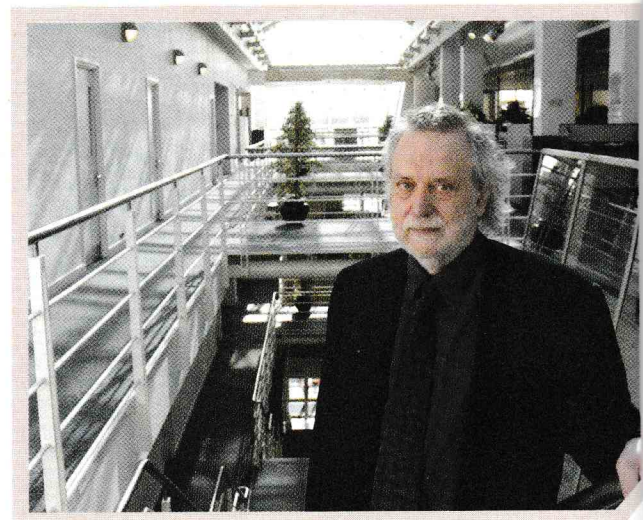
**Explain to us, John, why is it important to keep standardising tests?**

One of the main reasons that we had to keep standardising tests over

and over again every 10 years was that the norms were changing, in other words the extent to which people 'do well' on average. IQ scores on all of these tests were going up at an average rate of about 0.4 IQ points per year. But the significance of this seemed to pass by all of us until James Flynn, a professor of political studies – which makes him somewhat of an outsider to psychometrics – spotted the contradiction. If IQ points could increase by 12 points over 30 years, how could we give any credence to the claim that an IQ difference of 10 points between US black and white populations could only be explained by genetics? Hence the 'Flynn effect' was born, and psychometrics emerged from the doldrums. James Flynn is most certainly my personal hero in the field of psychometrics – he single-handedly turned the tables on those arguing for race differences in IQ, and consequently made psychometrics respectable again among psychologists, social scientists and the general public alike.

**Your work has been all over the media. Tell us what you have been up to recently?**

For myself, very little. I'm in my 70s now. But I am very proud to lead a band of 15 gifted psychometricians, computer scientists, psychologists, software engineers and computational social scientists within the Cambridge Psychometrics Centre. Many of them have still to complete their PhDs, but have already had an impact on how the field is developing. Youyou Wu, for



Professor John Rust is Director of the Psychometrics Centre at the University of Cambridge. His book *Modern Psychometrics* will be published in its fourth edition in 2016.



example, has first-authored a paper 'Computers know you better than your friends' in the *Proceedings of the National Academy of Sciences* that has been rated by Altmetric, the leading provider of information on online impact, as among the most influential social science papers of this year.

### What in your view are the three key developments in psychometrics over the last 10 years?

Today psychometrics has expanded enormously. We are no longer simply analysing 100-item questionnaires or even 5000-item item-banks. We now have available databases containing the digital traces that people leave online – their Facebook 'Likes' and the words and images they use in social media status updates, searches, tweets, text messages and e-mails. While the mathematical matrices are now substantially bigger, the statistical challenges for analysis of data are fundamentally the same, and given the speed of computation today, size doesn't matter anymore.

Computer adaptive testing (CAT) is also fundamentally changing the way we see psychometric assessment. The universal introduction of broadband has now freed it from timing constraints, but what had been holding it back was the absence of inexpensive computer software. With the introduction of open source resources, this is changing rapidly. Today CAT is no longer the preserve of the big test publishers and examination boards, and its availability to students and in less developed countries has seen an explosion of expertise and know-how in its implementation.

But last and not least, I would include issues concerning privacy and ethics. We now have at our fingertips an enormous amount of knowledge about the traits, purposes and likely actions of individuals that was simply unthinkable only a few years ago – big data sends its compliments. The potential for both benefit and abuse is astonishing, and this should be receiving more attention by both the public and politicians than it has been.

### How come the use of psychometrics remains controversial? For example, in some countries the unions or workers' councils prohibit the use of psychometrics, arguing they do not relate to actual work outcomes.

Psychometrics is without doubt one of the fields of psychology to have had great social impact. All of us are tested now from the cradle to the grave, and much of this testing is high stakes; our jobs, status,

health, finances and movements depend on it, so of course it's going to be controversial. But it is also the elephant in the room – its influence is unacknowledged even when staring us in the face. Don't believe me? Next time you are at an academic conference go to the poster session and count the ratio of posters that include a psychometric test to those that don't. Or try to argue that IQ testing has had no impact on society. What's that? Can't hear you.

### Talking about impact on society, there has been much talk and deep controversy about the use of testing for job seekers in the UK – witness the public reaction to the 'My strengths' assessment – a short strengths-based test for job seekers – or the demonstrations outside and inside the Streatham job centre. What are your views, is it right to 'test' people in this context?

Well, the scientist in me wants to stress the importance of any assessment being psychometrically sound; that is, it should be appropriately standardised and as reliable, valid and free from bias as possible. But another part of me screams out in protest, as this is a modern challenge not just for psychometricians but also for cognitive behaviour therapists and all other psychologists involved, either directly or indirectly, in the government's 'nudge' programme. We know that these assessments are going to be carried out anyway, and the dilemma is whether we prefer this to be done under our own professional guidelines and BPS code of conduct, or will we simply disengage?

### Here is one issue that we fear is not sufficiently addressed – psychometrics are important to pretty much all fields in psychology, but (in our view) neglected in psychological training, particularly at postgraduate level. What can we do to address this issue?

An intriguing question – the increasing dominance of neuroscience in undergraduate psychology degrees has led to an odd situation in my view, where a great deal of the psychology that students

## Tips for understanding and using psychometrics

1. Get yourself trained and do the Society's test user qualifications. Psychological assessment is a core skill for all budding and practising psychologists.
2. Recognise that there is no such thing as a perfect test. The key is choosing the right test for any given context, and being clear that no test is error free.
3. Interpret test results appropriately; a good start is to ensure that your norm (benchmarking) group reflects the people you are testing.
4. Always share test results in an appropriate way with your candidates, and remember that the biggest limitations of tests are the human users!
5. Keep yourself up to date. Psychometrics are changing fast!

learn at university is largely irrelevant to their future careers as applied psychologists, whichever field, be it clinical, occupational, educational or one of the other applied divisions, they aspire to. Somehow, core areas of our discipline appear to be leaking away to behavioural economics, machine intelligence and big data analytics, and it seems that curriculum change within our university system is completely unable to keep up with rapid developments in modern communication. Of course, what travels down neurons is important, but how much more significant is the digital trail we leave online – all our hopes, expectations and desires are there for inspection and analysis. If it is decided that the latter is 'not really psychology', then I think the discipline is in grave danger...

### Now project forward – what is your prediction about how the field of psychometrics will evolve over the next 10 years?

We already know that computers can predict our behaviour better than other humans, so I expect assessment systems using machine intelligence will become increasingly popular, simply because they are better at making predictions. But such actuarial science does have its drawbacks, and I don't think the public will take kindly to having decisions about health, employment or education being made on these grounds alone.

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# King of the ghosts

James Russell reflects on nearly half a century of doing psychology

And to feel that the light is a  
rabbit-light  
In which everything is meant for you...  
The grass is full  
And full of yourself.

(From Wallace Stevens' poem  
'A Rabbit as King of the Ghosts')

Over the summer, facing retirement, I wrote a short semi-autobiographical book about psychology, calling it *Psychology as King of the Ghosts: A Personal Critique*. It is, in parts, a very negative book. I argue that like the rabbit who is 'King of the Ghosts' in the Wallace Stevens poem, psychology seems to have lost any sense it might have had of its potential insignificance. There is a kind of ego-inflation abroad.

Psychologists are everywhere these days; and they come unencumbered by modesty. Many of them take psychology to be the study of what we are like and what we tend to do. Turn on the *Today* programme and some psychologist will be telling you (inventing here) about his study showing that Moslem girls who opt to wear the hijab have a distinctive profile on the OCEAN personality test because... he'll

make something up. Or that people who succeed in quitting smoking have children who are 76 per cent more likely to show ego-strength when it comes to marshmallows. Perhaps we should be glad they are at least using statistical tests, when set beside what is now called 'qualitative psychology'. Simply asking Afro-Caribbean women why they are going back to hair *au naturel* instead of having it straightened (not inventing here) is harmless, though sterile, journalism.



"Are we losing sight of the everyday miracle of competence/capacity that lies at the heart of psychology?"

**James Russell** is Emeritus Professor of Cognitive Development at the University of Cambridge [jr111@hermes.cam.ac.uk](mailto:jr111@hermes.cam.ac.uk)

But when it is stirred up with Heidegger and the phenomenological philosophers you know that somewhere a rabbit is putting a crown on its head.

I am not talking about the clinical realm here: only the academic. So consider what we teach in universities – still. There's more than mere 'insignificance' at large. There is the nasty-banal Milgram experiment, hopeful nothings like Bandura's social-learning experiments, Skinner's ideas on language development (can these be taught with a straight face?), Moscovici's soufflé-like social representations theory. I'll stop there. The depressing thing is that material is probably taught more effectively than it was in my day. We get better at presentation and student support with barely a thought on whether students should be required to know this washy stuff.

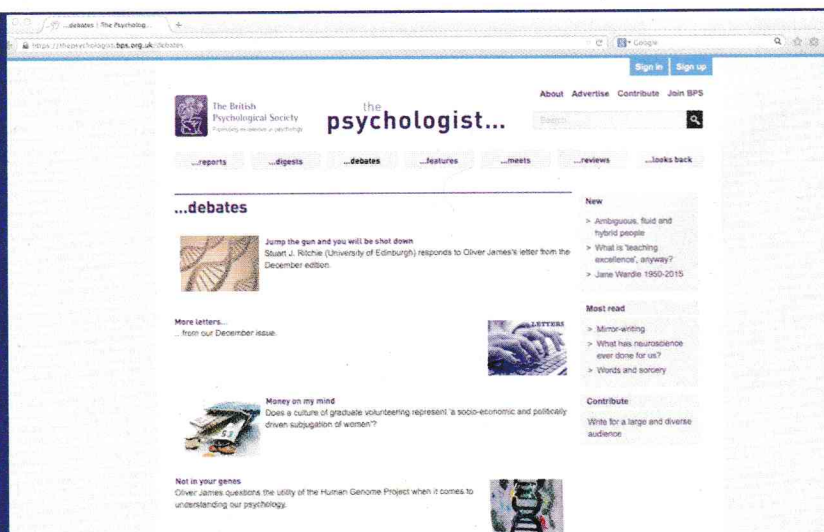
Then outside academia, though sort-of inside too, we have what I call 'neurotrash'. Not neuroscience, but putting a cartoon of neuroscience findings to work in the service of a sexy and sellable story about our brains and us. It's garish and chest-beating and a nice-little-earner for people who hire themselves out as 'specialists in neuroscience' – perhaps to schools and companies. And between the territory inhabited by the likes of Paul McKenna and actual neuroscience there lies the wasteland from which sprout books usually written by journalists who may have done a bit of psychology ('neuro-linguistic programming' anybody?); but sometimes written by professors at good universities telling us, for example, that a lesson to be drawn from neuroscience and behavioural work is that, actually, we don't have a self.

There was another reason for putting 'ghost' in my title. I am a sworn enemy of behaviourism in all its forms but the word 'ghost' was also there as a nod to Gilbert Ryle's 'the ghost in the machine'. There is

<https://thepsychologist.bps.org.uk/debates> collects together letters, opinion pieces, debates.

The *Psychologist* is primarily a forum for discussion and debate, and we would like to see more.

Contact the editor on [jon.sutton@bps.org.uk](mailto:jon.sutton@bps.org.uk).





# The dead lecturer

I have tried the ideas of Sigmund 'Stinker' Freud and those of Mark 'Stinker' Williams. They touch me not. What touches me are the fingers of air, skin of sound with cracking branches and cracking limbs out in the busy dark. From time

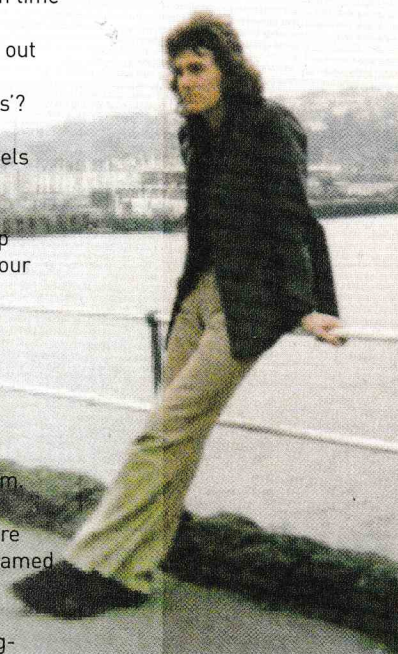
to time I hear after-dinner mentalising break out smothering the landscape with grey ideas. For are we not John Ashbery's 'stinking adults'? We can't get clean. We are a bunch of 1970s psychologists with too-long hair and wide lapels

hunched stickily over our pints of beer soup in dark and dirty pubs, the adjectives piling up like similes. We are as vain and harmless as our Peter Pan collars. Whose turn next to get a talking topic in? Somebody with something

like a laser pen should burst into the bar and zap us with noun phrases: 'the slow triumph of self-interested capitalism, 'metal fatigue' are good ones. Might as well try to coax a frog from beneath its mossy scum

After a manicure hands sparkle, finger-tips are white wide pads, seeming clean and over-creamed slick with the prose of thought. Just give me free-range twaddle, science and politics; no to the grubby not-a-something-nor-a-nothing-either. Thank you.

Please leave in an orderly fashion.



a plethora of 'ghosts' – individual conscious minds – but the very idea of The Mind, qua the conscious mind on a parallel with the physical world, is misconceived. The notion of the mind as a sort-of common-denominator or common-code of all our different perspectives, intentionalities, and dispositions makes no sense. But 'the mind' (in this sense) is a postulate useful to those who want to splash around telling us what we are like and tend to do. As Ryle rightly said, one can only refer to the mind usefully – I mean if we want to do science – as a set of functions. Which brings me to the more upbeat passage of my sermon.

If you look at the success stories in psychology over the past 50 years a clear pattern emerges. Successful psychology – by which I mean cumulative, substantial, satisfying – is done by people who don't investigate what we are like or what we tend to do, but ask *how it is that we can do what we can do*. This is the study of competence. This may mean tacit knowledge à la Chomsky, but more often it simply means capacity. We can see, hear, reason, learn, attend, plan,

remember, use language, have appropriate emotional reactions; we can *think*. One kind of approach to these how-questions is in terms of development: what must we have within us, prior to experience, for development to be possible? I believe cognitive-developmental psychology from 1966 onwards has been a brilliant success story. (That's the year I started, and I would like to say I played a significant part in this; but in reality my career has been a labyrinth of wrong turnings and doublings-back.)

The rise of functional brain-imaging has helped here, but its influence was not wholly to the good, in the great cognitive scheme of things. When I arrived at Cambridge from Liverpool in 1987 all the talk was all of 'cognitive science' – cognitive psychologists, philosophers, AI specialists pooling their expertises towards explaining the greatest and most mysterious competence of all – thinking. I recall a meeting of everybody who was anybody in cognition in December 1987 in Oxford chaired by Donald Broadbent. But nothing happened because neuroimaging happened, in earnest. Maybe, with the rise of robotics, there

will be a recrudescence.

I do not make a careful case for where to draw the line between good and bad psychology. Taxonomies can be dull or tendentious, and in any case who am I to do this? Instead I prefer to plot the progress of my own un-illusioning, keeping in mind that I am far from unique in this regard.

I started out, in my teens, thinking that psychology (a) was basically a humanities subject and (b) that it would give me wisdom about human nature. My desire for psychology sprang from an interest in Kafka, Sartre, Beckett, Dostoyevsky... anything on the 'existential' side really. When I began my PhD, the psychologist I revered was not Piaget but R.D. Laing. Yet I came to slice off the literary from the scientific side of my nature. I learned relatively late in my career humility before the facts – to be relaxed when Nature says 'No, No, No' – not minding if experiments failed so long as I got a clear answer; while typing up terrible poems in the evening (which grew less terrible, and indeed got published: see box).

Now I am having my psychology book published by the Knives, Forks, and Spoons Press, which specialises in poetry, not in psychology. Psychology publishers, indeed psychology agents, were unanimous in their indifference. If they replied to my e-mails at all, they said that there's no call for autobiographical books of this kind; not unless the author has Nobel-grade eminence. Winning a Nobel Prize was something I completely forgot to do.

I had tried in the book to emulate the authorial voice of Stuart Sutherland in *Breakdown*, but ended up struggling to balance the judgemental with the freewheeling-jokester with the poor-little-me. When it comes to psychology and its proper nature I am not given to nuance, not even given to the judicious googling needed to stiffen my opinions with facts. But I am convinced that the existentialism which drew me to psychology in the first place remains at its core, a small-hard residue, a cherry stone from the cherry-picked. A web of competences gives us free will.

To illustrate, when I worked at Liverpool I went to a lecture by Leslie Hearnshaw. In the course of rebutting one of Ryle's bad ideas (that psychology is basically formalised common sense) he unbuttoned and buttoned a waistcoat button. 'That I can do this,' he said, 'is a miracle that needs explaining.' Are we losing sight of the everyday miracle of competence/capacity that lies at the heart of psychology?





The British  
Psychological Society  
Conferences & Events

# Organised by BPS Conferences

BPS conferences are committed to ensuring value for money,  
careful budgeting and sustainability

2016

CONFERENCE	DATE	VENUE	WEBSITE
Division of Occupational Psychology	6-8 January	East Midlands Conference Centre, Notts	<a href="http://www.bps.org.uk/dop2016">www.bps.org.uk/dop2016</a>
Faculty for People with Intellectual Disabilities	13-15 April	La Mon Hotel and Country Club, Belfast	<a href="http://www.bps.org.uk/fpid2016">www.bps.org.uk/fpid2016</a>
Annual Conference	26-28 April	East Midlands Conference Centre, Notts	<a href="http://www.bps.org.uk/ac2016">www.bps.org.uk/ac2016</a>
Division of Forensic Psychology	14-16 June	Hilton Brighton Metropole	<a href="http://www.bps.org.uk/dfp2016">www.bps.org.uk/dfp2016</a>
Psychology of Women Section	6-8 July	Cumberland Lodge, Windsor	<a href="http://www.bps.org.uk/pows2016">www.bps.org.uk/pows2016</a>
Division of Counselling Psychology	8-9 July	Hilton Brighton Metropole	<a href="http://www.bps.org.uk/dcop2016">www.bps.org.uk/dcop2016</a>
Social Section	31 Aug-2 Sept	Mercure Cardiff Holland House Hotel	<a href="http://www.bps.org.uk/social2016">www.bps.org.uk/social2016</a>
Cognitive Section	31 Aug-2 Sept	Hilton Barcelona	<a href="http://www.bps.org.uk/cogsec2016">www.bps.org.uk/cogsec2016</a>
Developmental Section	14-16 September	Hilton Belfast	<a href="http://www.bps.org.uk/dev2016">www.bps.org.uk/dev2016</a>

## International Academy for Professional Development

### Centre for Stress Management

promoting the cognitive behavioural approach for over 25 years



#### Two-day & Three-day Courses

Stress Management	26-27 Apr
Cognitive Behavioural Therapy & Training	15-16 Mar; 10-11 May
Problem Focused Counselling, Coaching & Training	25-26 May
Advanced Cognitive Behavioural Skills	5-7 July
Trauma and PTSD	5-6 May

#### Other Courses (modular)

Foundation Certificate in CBT and REBT (4 days)	
Foundation Certificate in Cognitive Behavioural Therapies (4 days)	
Certificate in REBT (5-days)   Certificate in Cognitive Behavioural Therapy (5-days)	
Certificate in Stress Management (6 days)	
Advanced Certificate in CBT & Stress Management (11-days)	modular

#### Distance Learning Courses

Life Coaching: A cognitive behavioural approach  
Stress Management

All courses approved by the International Society for Coaching Psychology

Email: [admin@managingstress.com](mailto:admin@managingstress.com) Website: [www.managingstress.com](http://www.managingstress.com)

### Centre for Coaching

promoting the cognitive behavioural approach



#### Diplomas Advanced Certificates

Coaching (40 Credits, Level 6)  
Psychological Coaching/Coaching Psychology (50 Credits, Level 7)

#### Certificate Courses

Coaching (15 Credits, Level 5)	22-26 Feb; 4-8 Apr
Psychological Coaching (15 Credits, Level 6)	8-12 Feb
Coaching Psychology (20 Credits, Level 7)	8-12 Feb
Stress Management and Performance Coaching (Level 5, 30 Credits) (6-days)	modular
Stress Management, Health and Wellbeing Coaching 4 days	

#### Two-day Courses

Stress Management	2-3 Feb; 26-27 Apr
Occupational Stress Management	8-9 Mar
Health and Wellbeing Coaching	21-22 Jan; 19-20 Apr
Performance Coaching	4-5 Feb; 17-18 Mar
Problem Focused Counselling, Coaching & Training	25-26 May
Coaching/Coaching Psychology Supervision	28-29 Apr

All courses approved by the International Society for Coaching Psychology and the British Psychological Society. The Centre for Coaching is an ILM Recognised Provider.

Email: [admin@iafpd.com](mailto:admin@iafpd.com) Website: [www.centreforcoaching.com](http://www.centreforcoaching.com)

Our courses are British Psychological Society Learning Centre Approved and are held at the BPS London, Borehamwood and Edinburgh or in-house. We have trained 1000s of practitioners on our recognised modular courses since the 1980s. The Founder Director of the Centres and Academy is Prof Stephen Palmer PhD. Our experienced trainers have authored books and/or articles in their particular fields. They include Chartered Psychologists: Prof Stephen Palmer, Dr Siobhain O'Riordan, Nick Edgerton & Kasia Szymanska. 156 Westcombe Hill, London SE3 7DH. Tel: +44 (0) 208 853 4171. Part of the International Academy for Professional Development Ltd. Website: [www.iafpd.com](http://www.iafpd.com)



The British  
Psychological Society  
Approved





# 2016 CPD Workshops

Professional development opportunities from your learned Society

Working successfully in private practice	28 January
What does the future hold for psychological services for children, young people and their families	1 February
Expert witness: Responsibilities and business (Workshop 1)	3 February
Expert witness: Report writing (Workshop 2)	4 February
An introduction to trauma (mandatory workshop for ESTSS Certificate)	4 February
Developing a mindful eating practice	8 February
Working with offenders with intellectual disability in a forensic setting	10 February
Refugee trauma – A critical perspective	15 February
Integrating social and political action into psychological practice	16 February
Putting the 'I' into change: moving through change with confidence (MANCHESTER)	17 February
Talent management: Identifying and selecting high-potential leaders	18 February
Adventures in playfulness – Exploring the role of play and creativity in working with children and families	19 February
Talking about sex in clinical work	22 February
Working at the boundary: Intuition and the coaching relationship	23 February
Introduction to intensive short-term dynamic psychotherapy: Theory and technique	29 February
Using trauma focused CBT to work with PTSD	1-2 March
Expert witness: Court room evidence (Workshop 3)	2 March
Expert witness: Using psychometrics (Workshop 4)	3 March
BDSM and further sexualities	7 March
Issues and dilemmas in team coaching	9 March
Applying behavioural insights to public health and healthcare (BIRMINGHAM)	11 March
Liberation psychology: Developing liberation approaches to our work	14 March
Working with complex couples: An Introduction to PACT – A Psychobiological Approach to Couple Therapy (NEWCASTLE)	16-17 March
Smartphone biometrics: A powerful tool in research teaching and clinical practice	18 March
Resolving ruptures in the therapeutic relationship	21 March
Social constructionist systemic approaches	21 March
Supervision skills: Essentials of supervision (Workshop 1)	22 March
Co-production: Exploring how psychologists can help to shape the future of public services	22 March
Supervision skills: Enhancing supervision skills (Workshop 2)	23 March
Advanced psychotherapy skills: An introduction to Intensive Short-Term Dynamic Psychotherapy (ISTDP)	24 March
Talent management: Innovative development of high-potential leaders	29 March

Our workshops are delivered in partnership with Member Networks. For more information on these CPD events and many more visit [www.bps.org.uk/findcpd](http://www.bps.org.uk/findcpd).



Follow us on Twitter:  
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[www.bps.org.uk/cpd](http://www.bps.org.uk/cpd)



The British  
Psychological Society  
Professional Development Centre





The British  
Psychological Society  
Professional Practice Board

## CHAIR OF THE PROFESSIONAL PRACTICE BOARD

2017–2020

Call for nominations

Nominations are required for the Chair of the Professional Practice Board to serve in office from 2017 to 2020. The person will serve as Chair Elect following the 2016 Annual General Meeting before becoming Chair following the 2017 Annual General Meeting. The person will be appointed a Trustee of the Society and have a seat on the Board of Trustees.

### NOMINATIONS

Nominations should reach the Society's office no later than 5pm, 4 March 2016.

To ensure validity of nomination you should use a standard nomination form, which give details of the information and signatories required. A short personal statement will also be required.

The candidates will be considered by an Appointments Panel of the Board of Trustees. Any decision will be taken to the 2016 Annual General Meeting of the Society for ratification.

*For more information about the Board, its full terms of reference, a job description with indication of time commitments and a nomination form, please contact Lisa Morrison-Coulthard, Lead Policy Advisor; [lisa.morrisoncoulthard@bps.org.uk](mailto:lisa.morrisoncoulthard@bps.org.uk), 0116 2529510*



The British  
Psychological Society  
Education & Public Engagement  
Board



### Technical Support in Psychological Teaching Award

Closing date for nominations: 2 February 2016

The Education and Public Engagement Board and the Association for Technical Staff in Psychology are delighted to invite nominations for a new annual award. The award recognises the valuable role that technicians play in supporting the student learning experience within their psychology departments.

The Award seeks to recognise excellence by psychology technicians in one or more of the following criteria:

- Areas of skill
- Interpersonal communication skills
- Instruction/teaching skills
- Admin/finance skills
- Problem solving
- Innovative skills
- Special skills

There should be a single application for each nominee, which should take the form of a narrative report evidencing each of the criteria above. This should be a maximum of 1000 words supported by testimonials from staff or students as appropriate.

For further information on how to make a nomination and the award criteria please contact [emma.smith@bps.org.uk](mailto:emma.smith@bps.org.uk)



The British  
Psychological Society  
Research Board



ATSiP  
Association of Technical Staff in Psychology

### Technical Support in Psychological Research Award

Closing date for nominations: 2 February 2016

The Research Board and the Association for Technical Staff in Psychology are delighted to invite nominations for the annual award recognising the valuable role that technicians play in supporting research within their psychology departments.

The Award seeks to recognise excellence by psychology technicians in the following areas of skill:

- Using technology
- Interpersonal communications
- Instruction/research
- Problem solving
- Innovation
- Special skills
- Project management
- Publications

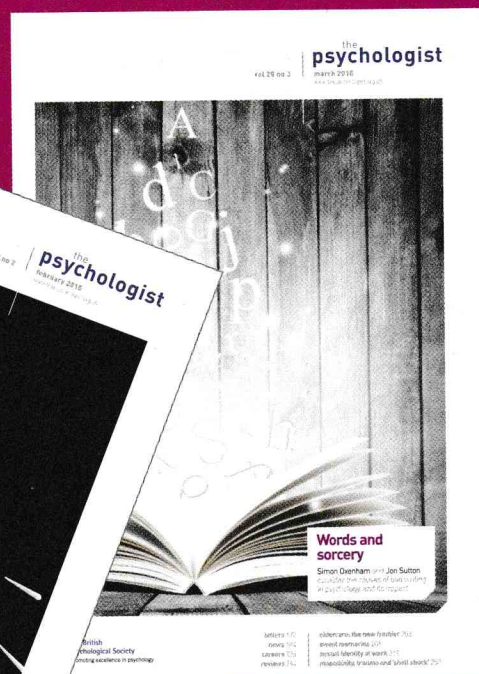
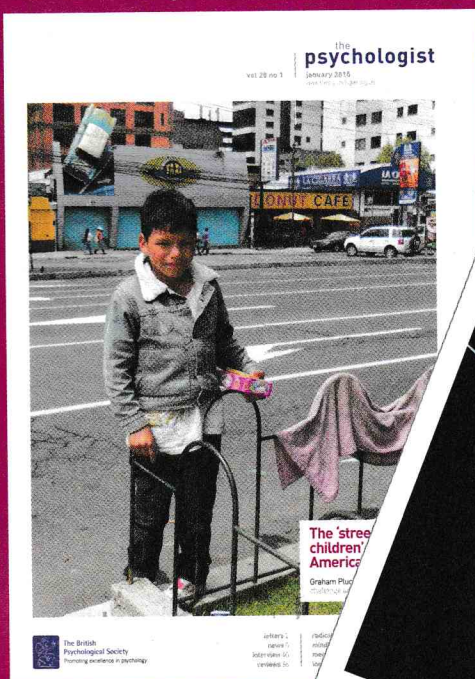
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For further information on how to make a nomination and the award criteria please contact [emma.smith@bps.org.uk](mailto:emma.smith@bps.org.uk)





**The British  
Psychological Society**  
Promoting excellence in psychology



# the psychologist



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[www.twitter.com/psychmag](https://www.twitter.com/psychmag)



# Clinical Skills Building Intensive in Acceptance & Commitment Therapy

## Professor Steven C. Hayes

**Friday 2nd and Saturday 3rd of September, 2016**

**Park Crescent Conference Centre, 229 Great Portland Street, London, W1W 5PN**

### **INTERMEDIATE LEVEL WORKSHOP**

This acceptance and commitment therapy (ACT) workshop is a single-track program covering two full days that is designed to support clinical-skills building in acceptance and commitment therapy (ACT) and relational frame theory (RFT).

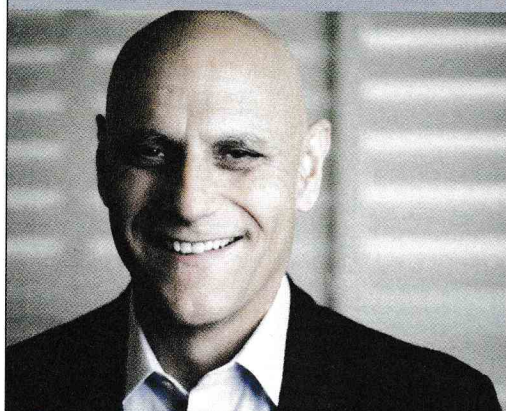
Steve is one of the key originators of ACT and RFT. He brings together the “head” and “heart” of ACT with his highly engaging and charismatic presenting style. Don’t miss this unique opportunity to see one of the world leading ACT trainers in action!

This training presents ACT theoretical and practical information at an intermediate level. Participants should have had some formal training in ACT and should be reasonably familiar with mid-level ACT terms, specifically the six core ACT processes (mindfulness, self-as-context, acceptance, defusion, values, and commitment).

#### **Rates**

- Early bird – £220 (ends 12th August)
- Special “Bring a Friend” 30% discount – book 2 places: £154 per person – £308 total (ends 12th August)
- Standard rate £240 (ends 1st September)

For more information on how to register, go to:  
**[www.contextualconsulting.co.uk](http://www.contextualconsulting.co.uk)**



#### **About the Presenter**

Steven C. Hayes, PhD, is Nevada Foundation Professor at the Department of Psychology at the University of Nevada. An author of more than thirty-five books and 500 scientific articles, his career has focused on an analysis of the nature of human language and cognition and the application of this to the understanding and alleviation of human suffering.





**The British Psychological Society**  
Promoting excellence in psychology

## Call for Nominations President 2017-18

A nomination is sought for the election of a Graduate, Chartered or Honorary Member of the Society to fulfil the role of:

- President 2017-18, who will be President-Elect in 2016-17 and Vice-President in 2018-19

The Presidency is the highest office within the Society. The role includes representing the Society at national and international functions, and acting as Chair of the Board of Trustees.

Descriptions of the role and responsibilities, together with

requirements and time commitments, are available on request.

### Procedure

A nomination pack, which includes further information and a standard nomination form, is available from the Chief Executive's office (e-mail: [ceo@bps.org.uk](mailto:ceo@bps.org.uk)).

The Board of Trustees has the responsibility to ensure that there is a candidate for this position. In line with previous practice, a Search Committee has been set up to facilitate this process. Those proposing candidates should,

in the first instance, contact the Honorary General Secretary, Dr Carole Allan (e-mail: [carole.allan@bps.org.uk](mailto:carole.allan@bps.org.uk)) for guidance.

Nominations must reach the Chief Executive's Office at the Society's Leicester office by **5pm on Friday 15 January 2016**. Nominations will only be valid if the standard nomination form, including signatures, is fully completed.

If contested, these positions will be decided by membership ballot prior to the Annual General Meeting 2016.



BRITISH AUTOGENIC SOCIETY

## Meditative-style aid to self-care taught in 8-10 sessions:

Personal Autogenic Training for  
Professionals (Self-Care)

Foundation Course in Autogenic Training

Postgraduate Certificate in Autogenic  
Training

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[jane@autogenic-therapist.co.uk](mailto:jane@autogenic-therapist.co.uk)



The British Psychological Society  
Approved

### Mindfulness Training Ltd.

#### Acceptance and Commitment Therapy Training (ACT)

All our ACT trainers are ACBS peer reviewed

1. **ACT Experiential Introduction** with Martin Wilks & Henry Whitfield  
23-24 Jan + 20-21 Feb 2016 (Sat-Sun).
2. **ACT Intermediate level skills training** with David Gillanders & Henry Whitfield  
10-11 June + 22-23 July 2016 (Fri - Sat).
3. **Relational Frame Theory (RFT), The Self and Perspective Taking**  
with Louise McHugh 12-13 March 2016 (Sat-Sun).
4. **Fortnightly supervision** including feedback on recordings, with Martin Wilks.
5. **Formal assessment** (optional) through written and practical tests.



See website for full details of ACT and MBCT training  
Mindfulness Training Ltd, 81-103 Euston Street London NW1 2EZ (10mins walk  
from Kings Cross) Tel.: 020 7183 2485 website: [www.presentmind.org](http://www.presentmind.org)



## BYRON CLINIC

[www.byronclinic.com](http://www.byronclinic.com)



BYRON CLINIC





The British  
Psychological Society  
Developmental Psychology Section

# Developmental Section Annual Conference 2016

14–16 September 2016, Hilton, Belfast


**Submissions are now open!**

Closing date for submissions is 13 April 2016

Pre-conference Public Lecture 13 September, Dr Suzanne Zeedyk

Confirmed conference keynotes: Professor Susan Golombok,  
Professor Peter Hobson and Professor Teresa McCormack

[www.bps.org.uk/dev2016](http://www.bps.org.uk/dev2016)

 #dev2016







National Centre for Eating Disorders

## MASTER PRACTITIONER EATING DISORDERS & OBESITY

A comprehensive, experiential 3 course programme whose modules may be taken individually. We offer a substantial discount when all 3 courses are booked together. The modules of this programme are:

**Excellence in Practitioner Skills for Eating Disorders**  
An 8 day diploma course teaching integrative theory & effective practical skills for the treatment of binge eating, bulimia & anorexia.

- **Spring 2016: 3-6 March & 17-20 March, London**

**Essential Obesity: Psychological Approaches**  
3 days drawing from counselling, clinical and health psychology approaches to change the lives of overweight adults.

- **Summer 2016: 2-4 June 2016, London**

**Nutritional Interventions for Eating Disorders**  
3 days teaching practical and effective treatment of nutrition-related aspects of eating disorders.

- **24-26 November 2016, London**



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View a prospectus for each course online at:  
[www.eating-disorders.org.uk](http://www.eating-disorders.org.uk) (select 'Training')  
Or call 0845 838 2040 for further info.

## EMDR Training Schedule

### Fully accredited EMDR trainings for Psychologists

EMDR International Association (EMDRIA) and EMDR-Europe Association (EMDR-E) accredited trainings conducted by Alexandra (Sandi) Richman, Chartered Psychologist.

**Learn how to integrate this evidence-based therapy into your existing clinical skills.**

**RICHMAN EMDR TRAINING** offers the complete 7-day Training in 3 parts: *Part 1* (3 days), *Part 2* (one day) and *Part 3* (3 days). Attendee numbers are limited for each training.

### EMDR Part I Trainings:

#### London

27-29 January, 9-11 March, 20-22 April, 1-3 June,  
21-23 September, 16-18 November

#### Glasgow

17-19 February, 9-11 November

#### Leicester

8-10 June

*Other training levels throughout the year*

**For more information contact:**

**Michelle Dyer, Training Co-ordinator**

**(t) 020 7372 3572**

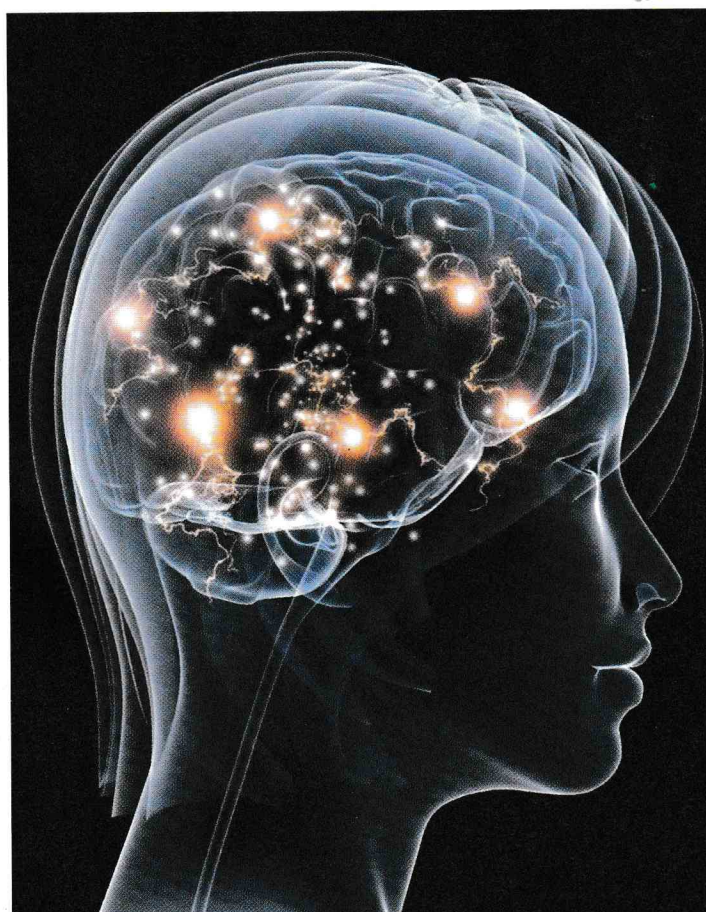
**email: [michelle@alexandrarichman.com](mailto:michelle@alexandrarichman.com)**

**[www.emdr-training.com](http://www.emdr-training.com)**



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## Postgraduate Counselling and Psychology Courses at UWE Bristol

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University of the  
West of England



# Doctorate in Counselling Psychology and Psychotherapy by Professional Studies (DCPsych)

A Joint Programme with Middlesex University



This five year part-time programme is accredited by the British Psychological Society (BPS) for the training of Chartered Psychologists and approved by the Health and Care Professions Council (HCPC) for the training of Counselling Psychologists. The programme is also accredited by the UK Council for Psychotherapy (UKCP) for the training of Integrative Psychotherapists.

The programme is based on a practitioner research philosophy and presents an innovative design that seeks to integrate research and practice at doctoral level. It is open to psychology graduates who possess the Graduate Basis for Chartered Membership (GBC) as specified by the BPS.

Applicants need to believe that they have the capability to make a significant contribution to practice based knowledge in the psychological therapies. The course offers an integrative programme of study in the theory and practice of psychological therapy and covers both clinical and research training. Modules are offered over ten 3-day weekend units during each academic year, thus allowing candidates to combine their broader life commitments with the demands of further study.

Applications are invited for the 2016/17 academic session. The application process includes attendance at an Introductory Workshop and at a group and individual assessment interview.

For further information please contact:

Roland Michaud, DCPsych Senior Academic Co-ordinator, on 020 8579 2505 or at [roland.michaud@metanoia.ac.uk](mailto:roland.michaud@metanoia.ac.uk)

Faculty of Applied Research and Clinical Practice

Metanoia Institute, 13 North Common Road, Ealing, London, W5 2QB



The British  
Psychological Society  
Promoting excellence in psychology

## Call for Nominations

Members of the Society are invited to submit nominations for the following positions on the Society's main Boards to serve from the Annual General Meeting 2016

### PROFESSIONAL PRACTICE BOARD

One Ordinary Member (two-year term); One Ordinary Member (one-year term)

### EDUCATION & PUBLIC ENGAGEMENT BOARD

One Ordinary Member (two-year term); One Ordinary Member (one-year term)

**RESEARCH BOARD** One Ordinary Member (two-year term)

## NOMINATIONS

To ensure validity of nomination, you should use the standard nomination form, which gives details of the information and signatories required.

For nomination forms and further information please contact the Chief Executive's office: [ceo@bps.org.uk](mailto:ceo@bps.org.uk). Nominations should reach the Chief Executive's office by **Friday 29 January 2016**.

## VOTING

For each vacancy, if more than the appropriate number of nominations are received, a membership ballot will be carried out immediately prior to the Annual General Meeting 2016.



## CPD Workshops

### Assessment and Treatment of Suicidality: A Psychological Approach

Dr Eoin Galavan  
6<sup>th</sup> Feb 2016 - Guildhall Winchester

### Introduction to Attachment Theory

Dr Gwen Adshead  
26<sup>th</sup> Feb 2016 - London SBU

### Teaching Clients how to Reduce Relationship Conflict

Susan Quilliam  
29<sup>th</sup> Feb 2016 - Girton College Cambridge

### Transformational Chairwork

Dr Scott Kellogg  
18<sup>th</sup> March 2016 - London

For details and for our full range of workshops :-  
[stantonltd.co.uk](http://stantonltd.co.uk) or [grayrock.co.uk](http://grayrock.co.uk)



HARLEY STREET

10 Harley Street London W1G 9PF | Tel: 020 7467 8301

Email: [info@tenharleystreet.co.uk](mailto:info@tenharleystreet.co.uk)

[www.tenharleystreet.co.uk](http://www.tenharleystreet.co.uk)

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Full Secretarial Support

Voicemail

#### Opening Hours

Weekdays: 9am to 9pm | Weekends: 9am to 5.30pm



The British  
Psychological Society

Education & Public Engagement  
Board

## Standing Committee on Pre-Tertiary Education Chair Vacancy

A Nomination is sought for the appointment of a  
Members of the Society to fulfil the role of

**Chair of the Standing Committee on Pre-Tertiary Education (SCoPTE)**, who will be  
Chair-Elect in 2016–17 and Chair 2017–20

The Standing Committee on Pre-tertiary Education  
(SCoPTE) is responsible for overseeing all aspects of  
education policy relating to pre-tertiary education  
across the UK, including, but not limited to

- I Curricula
- I Teacher education/training
- I Support for teachers and CPD
- I Promotion of the value of pre-tertiary psychology
- I Promotion of academic and scientific rigour at this level

Overall we are seeking an individual with extensive  
experience of the pre-tertiary education sector who  
will be able to champion our work and help us to  
develop and drive policy in all areas of teaching and  
learning at pre-tertiary level.

SCoPTE meets twice a year. In addition, the SCoPTE  
Chair also sits on the Education and Public  
Engagement Board, which also meets twice a year.

SCoPTE is also looking to appoint Members of the  
Society to

**I Ordinary Members of SCoPTE (3 year term)**

For further information and a recruitment pack  
please contact Kelly Auty (Policy Advisor Education)  
[kelly.auty@bps.org.uk](mailto:kelly.auty@bps.org.uk) specifying if you are interested  
in the Chair or Ordinary Member roles

The deadline for receipt of applications is  
**19 February 2016.**





# You receive a complaint from a client. You **count on** your broker to help. But can you **trust** your insurance policy to protect you?

## Who are we?

Howden are professional liability specialists and our team has been arranging insurance for Professional Associations and their members for many years.

## How can we help you with your professional practice?

Our civil liability policy is designed to protect you in the event of a civil claim being made against you, or a complaint being made about you to your professional body or other regulator. We are here to help throughout the duration of your policy, not just when you arrange it and renew it – so give us a call.

## How much does it cost?

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Insurance Premium Tax*	4.97	5.97	9.95	2.61	3.14	5.23
Administration Fee	15.50	15.50	15.50	15.50	15.50	15.50
<b>Total Amount Payable</b>	<b>£74.78</b>	<b>£86.26</b>	<b>£132.14</b>	<b>£47.61</b>	<b>£53.64</b>	<b>£77.73</b>

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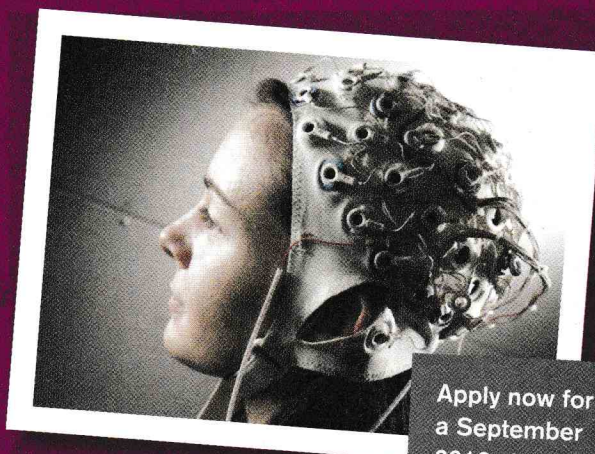
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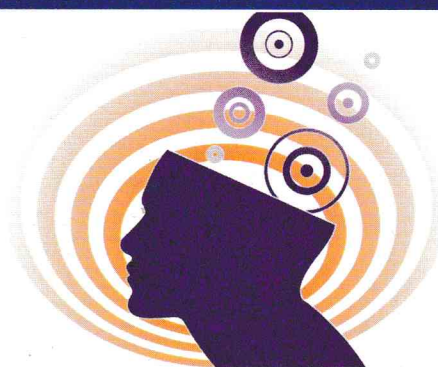


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## Faculty for People with Intellectual Disabilities Annual Conference 2016

13–15 April

La Mon Hotel and Country Club, Belfast

### Conference themes

- I Psychological therapies
- I Positive behaviour support
- I Future service models across the four nations

### Confirmed Keynote Speakers

- I Chris Hatton
- I Theresa Joyce
- I Mandy Irvine
- I Richard Whitehouse

### Registration & Submissions

Information on how to book and to submit to this year's conference is available on the event website: [www.bps.org.uk/fpid2016](http://www.bps.org.uk/fpid2016)

### Submission Deadlines

**Mid-day 12 January** - Deadline for oral presentations

**Mid-day 1 February** - Deadline for submitting posters

Contact [fpidconf@bps.org.uk](mailto:fpidconf@bps.org.uk) for further information or call the BPS Conference Office 0116 252 9555



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## CALL FOR PAPERS Psychology of Women Section Annual Conference 2016

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- Reimagining Development Across the Lifespan
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Final submission deadline: **28 March 2016**

Full details available at

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# 'There will always be a child whose story gets to you'

Ian Florance talks with **Alison Soutter** about her work in Australia protecting children

**P**sychology can contribute to social issues as well as offering important therapeutic interventions. Alison Soutter, a member of the British Psychological Society, heads up an Australian psychology service working with children and families in the child protection system. I talked to her about what she does and the route she took to get there.

**Alison, could you tell me about your service and what you think is unique about it.**

It consists of around 70 psychologists

working with children and families in child protection and out-of-home care. They are unique in that trauma is a part of almost every presentation in their clients and so they are very experienced in this area.

Our service has four functions: consultation, assessment, intervention and training. Through consultation we add a psychological perspective to case planning so that we are able to work with social workers to ensure that the child's emotional wellbeing is at the forefront. We assess to inform interventions and to obtain services for children and

young people. We use the assessments in our liaison with educational psychologists to assist the children's schooling. We train teachers to work effectively with children affected by complex trauma, and we train and sometimes coach social workers, especially in motivational interviewing.

Psychologists are the most stable part of the workforce, so they know the communities they work in very well. The average length of service is about nine years. Very few psychologists leave unless it is to retire, and there is little absenteeism. This is because we work hard to support them and to prevent vicarious trauma or

deal with it as soon as possible. Having worked for a long time together the psychologists have strong informal networks of support with each other.

The psychologists work in teams of seven to nine spread over a fairly large area, with a team leader who is always a psychologist. They each have a peer supervisor who they choose with some guidance from their team leader, and there are a number of set supervision days. There is an annual conference and a programme of webinars. They are encouraged to do further study, and if they do they are provided with 24 study days a year plus examination leave.

**I assume it's a challenging area to work in?**

The children's stories are so terrible that you have to focus on what you can do, not what you can't. And we do have many successes because the social workers and psychologists in this field are inspirational.

No matter what you do to protect yourself there will always be a child whose story gets to you. Usually this is because you can clearly see that it was only luck that prevented this happening to you. When you know this is inevitable, you can have strategies ready to deal with it. We all know what comforts us, but to access comfort you have to admit you need it. That is what I try to do myself and encourage others to do.

**What can psychologists add to the work of other professionals?**

Psychologists work closely with social workers in our service. When social workers are allocated new cases or when they have questions about what is happening within a family or are curious about a child's behaviour, they consult the psychologist who works with them. Sometimes the psychologist will provide advice, for instance on how to break bad news to a child, while at other times they will accept a referral to carry out an assessment and an intervention.

The psychologists also deliver training



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If you click on the '...meets' tab across the top, you will find an archive of all our more personal pieces, including our 'Careers' pages. Alternatively, just search 'careers' with our new and improved site search. The archive is now complete – back to 1988.

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to social workers in topics such as trauma-informed practice, suicide prevention, the ARC (attachment, self-regulation and competency) model, behaviour and trauma, and motivational interviewing (in which they provide ongoing coaching). They also provide training for foster carers to help them meet the needs of very vulnerable children.

Without a dedicated psychological service it is unlikely that most of the children in the out-of-home care or child protection system would get access to therapy. In Australia, as in the UK, CAMHS services are stretched, and in remote areas there are few other psychologists.

### **Tell me a bit about where you grew up and your family and educational background.**

I grew up in Australia and was accelerated through school (because I was a first wave baby boomer and they needed to push children into the half-empty classes of war babies, since the boomers classes were overflowing). This meant that I went to Sydney University as a very innocent 16-year-old, and so I loved everything and wanted to know everything. I had a scholarship which I supplemented by going on television quiz programmes. I was young, shy and pretty, so they slanted the questions to suit me and I won quite a lot.

### **How did you first get interested in psychology?**

I came from a family with a psycho-analytic outlook, which was a bit unusual in Wagga Wagga, where I was born. Psychology has always been part of my life. My mother listened to a weekly radio talk by a child psychologist, Adrian Troy, and during school holidays I listened in too, and I was intrigued by what he said. He made me think about life in a different way. He showed the complexities in clear simple language that I could understand.

### **What training route did you take?**

I read psychology and English at the University of Sydney and stayed an extra year to get a diploma in education so that I could be a teacher. While teaching during the day I completed a master's in psychology at night. After I graduated I was selected to do an educational psychologist's course, which I completed and became a school psychologist.

### **What surprised you, pleased you and interested you in the subject?**

I had always been an avid reader, and so I loved psychology because it was all

about people. Since I studied psychology and English at the same time I saw how Chaucer was an insightful psychologist and that psychology is an art rather than a science. So one of the things I do as a psychologist is tell children stories, especially Greek legends. It is so calming and an easy way to engage both children and adolescents and have them remain very present.

Naughty children have interested me, most possibly because I was always so good as a child and wished I had their courage. Later I realised how often there is a trauma background. These children are the real outsiders in society. Behaviour problems are the unrecognised disability. School should provide these children with opportunities, but sometimes they are demonised.

### **Tell me a bit about your work history.**

I started as a high-school English teacher and then became a school psychologist, known in NSW as school counsellors. They do a lot of clinical work with pupils as well as assessments and interventions. After six years I decided that I needed to go back to teaching to keep my connection with the coalface, and so I taught at a Steiner school where the teacher keeps the same class for eight years. I wanted to understand more about what sorts of things were predictive of later successes or problems. I only worked with the class of 25 children for four years, but they taught me a lot about child development. I took that knowledge back to school counselling. I did some interesting work on the effects of repeating any of the first three years of schooling on academic achievement in the early high-school years. As many other have done, I found that repeating a school year was the worst possible intervention.

I then came to England where I did a bit more Steiner teaching, then taught A-level psychology while tutoring in educational psychology at the Open University. I became a senior lecturer in developmental psychology at the University of Luton, which was just starting up. I stayed 10 years in England and then returned to NSW as a school counsellor specialising in challenging behaviour, an area I had become interested in at Luton.

From school counselling I moved into programmes for pupils whose behaviour impacted on their learning. I got a large grant to set up mentoring programmes in schools throughout NSW so that vulnerable pupils were supported through each educational transition. After some years I moved into child protection,

having learnt along the way that many behaviour problems arise out of neglect and abuse.

### **Are there real differences, in your experience, between psychological work in the UK and Australia? What are the pluses and minuses of each system?**

There are real differences between the approaches to psychology in the two countries. Australian psychological thought is more influenced by the US than by Europe, so there is less emphasis on the social construction of mental illness or even of behaviour problems in children.

On the other hand, in Australia there is an emphasis on making psychologists accessible. As I previously mentioned, school counsellors do a lot of clinical work because they work in the school, close to pupils and teachers. Psychologists in the child protection system work alongside social workers so they can take referrals more easily. There are also Headspace Centres in many towns which provide early intervention mental health services to 12- to 25-year-olds. General practitioners can refer patients to a psychologist for treatment under a programme designed to give people better access to mental health.

### **What would you say to someone thinking of training as a psychologist? What advice would help them?**

I think that psychology is becoming more and more important to society because people are in danger of becoming isolated. We know that people speak less to others face to face because they use many different media to communicate. The family has changed enormously, and this is difficult for adolescents who need adults around them. So I would say that if you are interested in people, community wellbeing and social justice, psychology is the career for you. There are likely to be more vulnerable people as society changes, and psychologists are well placed to help them find their way.

### **What are your future plans?**

Because I care about vulnerable children and young people I do a lot of training and lecturing in this area. I believe in the importance of human interactions, so I train people in inclusive techniques such as storytelling and playground games. This is underpinned by the ARC model developed by Kinniburgh and Blaustein, which I use to help children reconnect to their families and communities and learn how to manage their feelings and behave appropriately.



# The unseen, unsung heroes

Peter Beaman on the life and times of a psychology technician

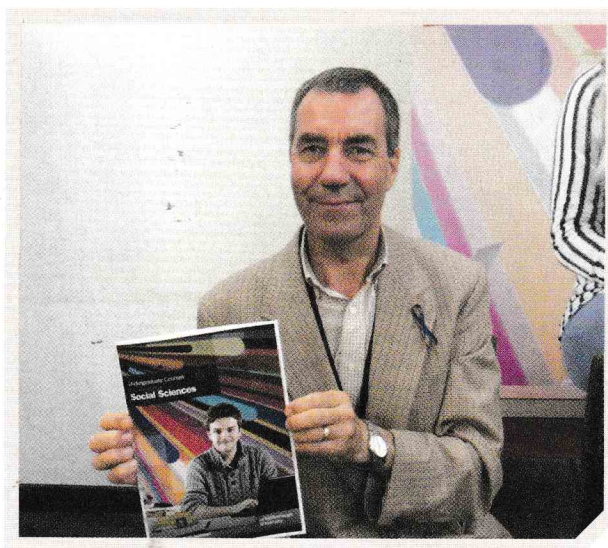
Ubiquitous but unseen. A gold mine of specialist knowledge, but 'all things to all people'. The institutional glue that binds teaching, research and admin together. We are the psychology technicians, and 27 years after I started I am still wondering if there is a rewarding and genuine professional pathway for us. As Ophelia said in *Hamlet*, 'We know what we are but not what we may be.'

On 4 Jan 1988 I started working in the Department of Social Sciences at Loughborough University as the Social Psychology Technician. The previous summer I had graduated from the Department of Human Sciences with a BSc in human psychology: I viewed this as a transitional stage after graduating, and had no real sense of progressing in the post I had acquired. Early on I realised that the support of the head of department – cordiality, respect and honesty – was critical in helping move forward in one's working life. In the first year I became the department's first-aider and photographer, and was invited to participate in the Association of Psychology Technicians. During my second year I published the findings of my dissertation in a peer-reviewed journal and began to participate more in the classroom, going beyond assisting and advising students to demonstrating and instructing them on key topics such as research methods.

By the mid-90s new computer software and hardware became an essential part of the role, and we employed a dedicated IT technician to cover this area. I concentrated on psychology students/postgrads/staff and supporting them. I can still find myself acting as a 'confidante' or 'concierge', providing pastoral support for frantic postgrads panicking with a thesis deadline or data-recovery problems. These days we have a 'state of the art' flexi-teaching space (called SP Lab), with all the essential software packages shared across 60 laptops using wifi. Knowing how to troubleshoot is essential! Without a good working knowledge of IT/hardware/software you may find it's

increasingly hard to keep up with the pace of technological change.

Statistics/data analysis support is crucial in my role, and psychology technicians need numerical skills to guide students through the labyrinth of tests and interpretation of data. Our students' practical work may involve the use of our digital CCTV lab and observation room,



and a sound administrative head is required to keep tabs on the flow of audio-visual equipment. Technicians often have to deal with conflicting priorities, and effective communication, level-headedness, resilience and rapport are essential. Occasionally one can feel overloaded with demands from students and staff, but generally no 'seismic event' ever gets the better of me.

Having said that, having two other technicians within the department takes some of the pressure off and gives us the chance to support one another. Likewise, a solid network of other like-minded technicians available through the Association of Technical Staff in Psychology (ATSiP) has helped. As there is no one above or below me, I sometimes feel I have to manage my own duties and set my own deadlines, which can be construed as a blessing or a curse!

Career building as a technician really depends on being self-motivated and diligent. I do sometimes feel frustrated

that I have never been able to break through the 'glass ceiling': I've been stuck on the same grade since 2007, and it can feel like psychology technicians are the 'unsung heroes' ([tinyurl.com/unitechdef](http://tinyurl.com/unitechdef)). Aspiring to something else may have meant leaving the higher-education sector and looking into using my skills in the business or commercial sector. But I have

had the good fortune of being well mentored and supported by several significant figures at the university, and there have been numerous high points, including winning the first Higher Education Academy/ATSiP Technician-Demonstrator Award in 2007 ([tinyurl.com/awardPB07](http://tinyurl.com/awardPB07)); becoming a Fellow of the HEA in 2008; project managing the new Social Psychology Labs in 2009, with a budget of £300K; and receiving a student award called Lboro Legend this year for 'going the extra mile' in supporting learning and teaching.

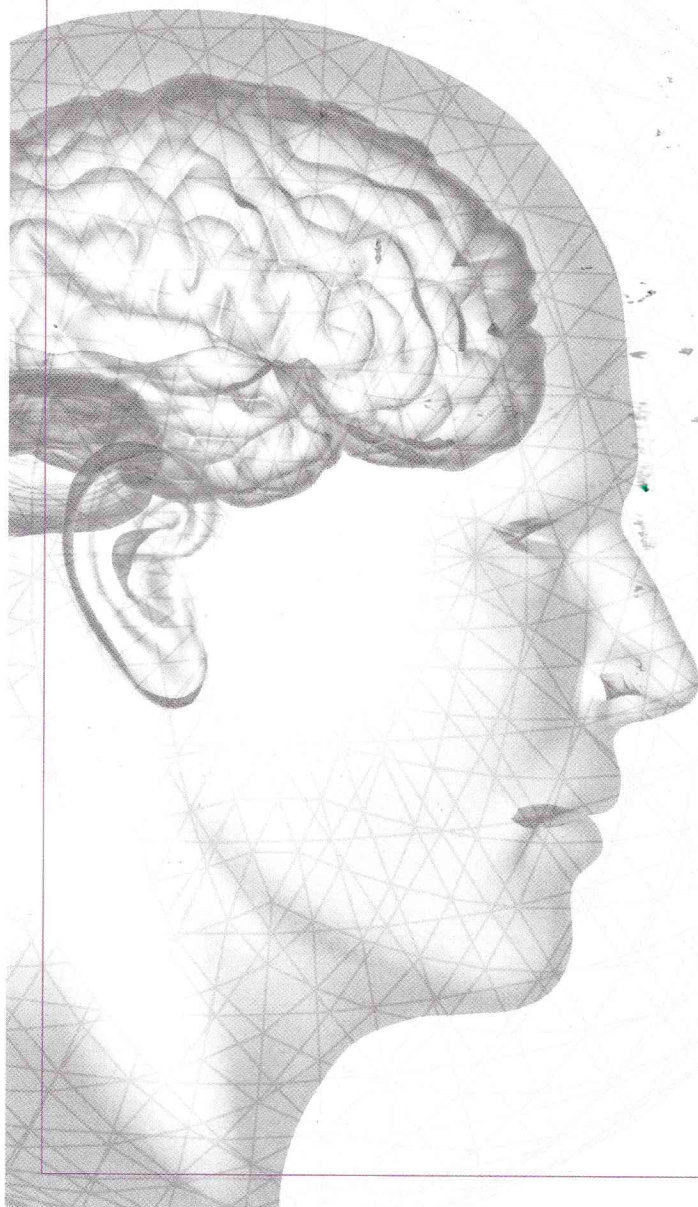
So, what would my advice be for any student thinking of becoming a technical member of staff? There's huge variety in posts, but you're likely to need

a good degree in psychology alongside personal understanding, empathy and a willingness to learn on the hoof. Sometimes workloads can be over-demanding, and support has to come from within or by emphasising one's limits to perform miracles. You may find that being a psychology technician opens Pandora's Box, allowing you to develop skill sets that are rewarding, interesting and provide a context for further progression. I have found that being able to swap hats frequently helps with what I would call the holistic nature to the post. Career pathways are tricky, but I do draw great pride from the frequent comment 'You can't leave – you're irreplaceable, you know too much about everything!'

**I See also A Psychology Technician's Lot in a Changing and Challenging Academic World ([tinyurl.com/ppmxw98](http://tinyurl.com/ppmxw98)) and the British Psychological Society's document Supplementary Guidance on the Roles and Contributions of Psychology Technical Staff ([tinyurl.com/nqmstwp](http://tinyurl.com/nqmstwp))**



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In early 2016 we will be launching a new appointments website. It will be accessible on mobiles and desktops, with increased search functionality, greater ease of use and navigation. It will also have many more targeted options to allow you to promote your roles to members and other visitors to [www.psychapp.co.uk](http://www.psychapp.co.uk).

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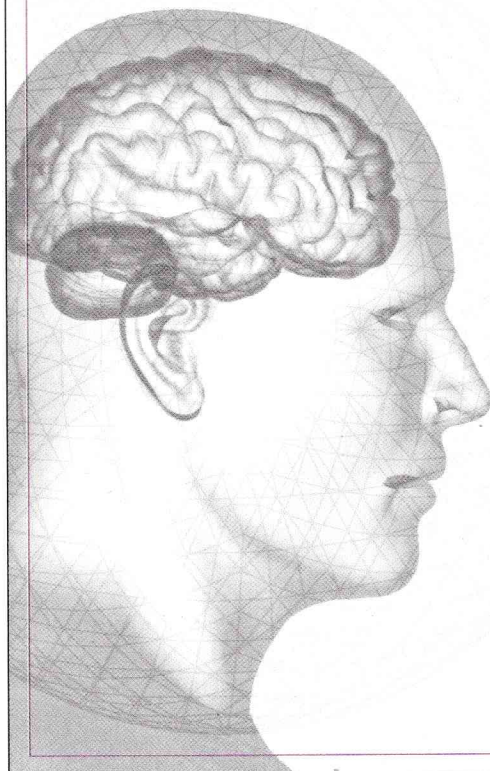
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Upcoming issues	Display advert deadline	Appointment section deadline	Publication date
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March	27 January	3 February	18 February
April	24 February	2 March	17 March

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Application forms/full information packs are available (quoting Job Ref: 055/15.16ES1) from the Personnel Department, Caithness General Hospital, Wick, KW1 5NS, Tel: 01955 880403 or e-mail [northarea.recruitment@nhs.net](mailto:northarea.recruitment@nhs.net).

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# Hate the player, hate the game?

'Scientists have interests and sometimes they have trouble dealing with them,' says the antihero of *Faking Science* as he reflects upon the derailment of his career in social psychology. In doing so, he brings into view a problem that has also caused other researchers and practitioners before him (and potentially others after him too) to take risks in the way in they carry out their work.

How do they come to engage in – or, alternatively, avoid engaging in – scientific misconduct? This is a question to which

both of the volumes reviewed here address themselves; and while they come at it from different directions, they arrive at a similar understanding.

First, Sternberg and Fiske's expansive collection of case studies, in which psychologists (most in United States academic settings, but the odd one or two from the UK or doing practitioner work) candidly discuss ethical dilemmas in which they have found themselves in the past. The dilemmas range from wayward students, through client confidentiality issues, potential harm to study participants, revelations during study write-ups, and conflicts of interest, to attempts at exploitation and dubious data management practices.

It might be the case that a reader comes to this book expecting every case study to culminate in an obvious solution that was taken up to the benefit of all involved.

Not so, as it happens: in some of the cases the dilemma was indeed resolved in a satisfactory manner, or even forestalled; in others, an imperfect solution, or no solution at all, was adopted. In reflecting on these situations, the contributors point to a range of personal and situational factors that create the dilemmas in the first place, and influence the attempts of those involved to find a way through them. The result is a compelling set of stories about psychologists foreseeing trouble, getting into it or escaping from it.

This brings us to the second publication. *Faking Science* is the English-language version of *Ontsporing*, in which Diedrik Stapel

recounted his misdeeds whilst working at universities in the Netherlands (he was discovered to have fabricated his research studies to such an extent as to render at least 30 publications fraudulent, and to cast doubt on yet other outputs). The original version courted some controversy when it appeared on Dutch bookshelves, the dust having barely settled from the 'Stapel affair' at the time. Three years later this translation, available as a free download, provides a wider audience with the opportunity to find out how the author accounted for his actions.

We join the story as the tangled web that Stapel weaved is about to unravel. From that point, Stapel takes us back in time to the start of his career, where we learn about what inspired his academic interests, and then forwards again, where we witness the weaving of that web and the unhappy aftermath of its unravelling. Along the way Stapel throws in a few insights from psychological studies – both others and his own, but helpfully signposting where the latter were based on made-up data – plus the occasional anecdote from his childhood. While that might all sound a little self-indulgent, much of it is quite pertinent to the subject matter of the book, as it provides clues as to what Stapel believes motivated him to engage in scientific misconduct.

The picture that Stapel presents is of someone whose desire for success led to some latent behavioural tendencies coming into play in an unhelpful way. Unchecked either by his own moral restraint, or by social or institutional controls, Stapel's 'dark side' clouded his ethical judgement, as a result of which he crossed the boundary between expediency and plain duplicity in his handling of research data; a movement that he would (eventually) come to regret.

It is here that *Faking Science* converges with the stories collected by Sternberg and Fiske. The latter too describe interplay between ambition, moral values, prevailing circumstances (such as publication pressure and insecure employment), an understanding of ethical boundaries and the ability of professional peers to hold each other to account for their practice. Indeed, a couple of the case studies there resembled the developmental path of the Stapel affair; hopefully, history will not repeat itself.

Those with an interest in understanding scientific (mis)conduct will find both of these publications an insightful, and perhaps provocative, read. *Ethical Challenges in the Behavioral and Brain Sciences* in particular would also be a useful source of study material for courses on ethical issues.

[*Ethical Challenges...*] Cambridge University Press; 2015; Pb £21.99  
[*Faking Science*] Free download from [tinyurl.com/pvua9z6](http://tinyurl.com/pvua9z6) (PDF version); [tinyurl.com/ogk4yez](http://tinyurl.com/ogk4yez) (mobile version); [tinyurl.com/onuv9yb](http://tinyurl.com/onuv9yb) (epub version)

Reviewed by Denham Phipps who is a Research Fellow at the University of Manchester



## Ethical Challenges in the Behavioral and Brain Sciences

CASE STUDIES  
AND COMMENTARIES

Edited by  
ROBERT J. STERNBERG  
SUSAN T. FISKE



Ethical Challenges in the Behavioral and Brain Sciences  
Robert Sternberg & Susan Fiske (Eds.)  
*Faking Science: A True Story of Academic Fraud*  
Diedrik Stapel (translated by Nicholas Brown)





## A blissful wander

Tibet's Secret Temple  
Wellcome Collection

'I have seen in my wanderings great temples and shrines, but none are as blissful as my own body.' – Mahāsiddha Saraha, 8th century

When a serpent-like water deity called a *lu* appeared to Tibet's Fifth Dalai Lama (Lobsang Gyatso, 1617–1682) during his meditations and warned that construction of the Potala Palace was disturbing the *lu*'s subterranean realm, Gyatso vowed to build a temple to appease them. The Lukhang, or 'Temple to the Serpent Spirits', was completed in the late 17th century, its symmetrical design and ascending levels forming a Buddhist representation of the integral harmony of the cosmos and the human psyche. The Sixth Dalai Lama promptly renounced his monastic vows and used his new pad for his 'amorous encounters'.

Why did that strike me as incongruous, and amusing? Maybe because, like so many Westerners, I have largely lost that connection between mind and bodily energy. This exhibition puts 'body' before 'mind and meditation', yet still I arrived expecting the emphasis to be on the mental.

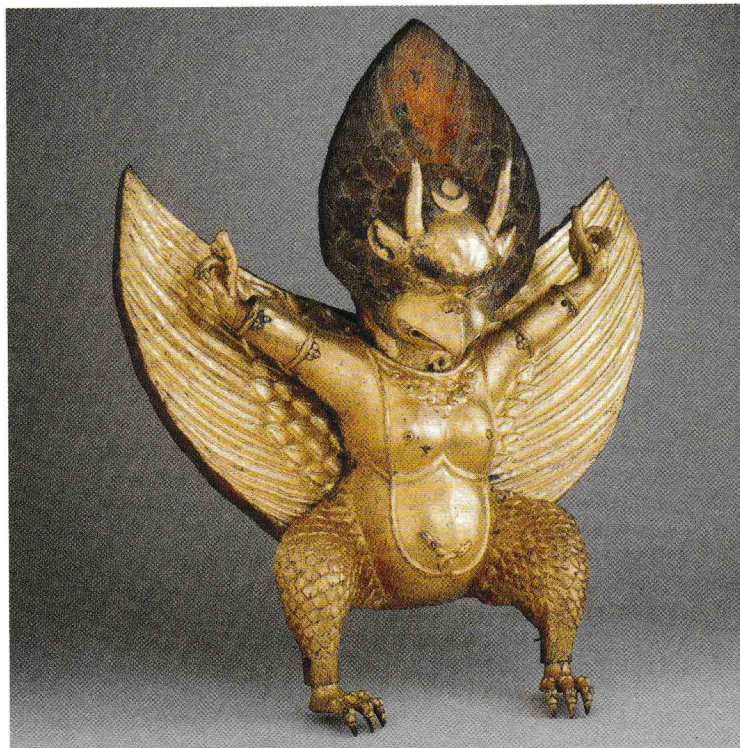
Of course, it's not either/or. One of many quotes adorning the walls (from Rigdzin Jigme Lingpa, 1730–1798) reminds visitors 'Unless the vitally important body is compliant and energy flowing freely, the pure light of consciousness will remain obscured. So take these physical practices to heart!' And many of us do find our own mindful moments in running, dancing, and other forms of exercise. But modern 'mindfulness', as Oxford psychologist Professor Willem Kuyken outlines in a film at the end of your walkthrough, emphasises attention, attitude, and ethical/virtuous qualities. Is it just me that finds that a bit intellectualised, worthy, dull even? Give me 'couples making

love', a 'trul khor' yoga workout, and a sexually aroused bull-headed deity that vanquishes death (three of the exhibits here).

The Lukhang's uppermost chamber conceals intricate wall paintings that guided the Dalai Lamas on the path of spiritual enlightenment. Lifesize, lightbox digital recreations of these fabulous murals are the centrepiece of the exhibition. Photographer Thomas Laird has performed miracles in bringing these stories of rapture, terror and self-transcendence to the Western world in such a vibrant manner, and any concerns that Lochen Dharma Shri's paintings were not meant for our eyes were assuaged by the curator quoting the Dalai Lama: 'The time of secrecy is over'. The murals express living traditions that we must share and learn from, or lose.

Indeed, it could be argued that we crave the essence of enlightenment more than ever. In the film, Geraldine Davies, Principal of the UCL Academy, describes how her school pupils come from sometimes chaotic, family environments, on noisy buses, to learning environments where they are constantly questioned. She is using the .b mindfulness programme to build their own strategies to provide moments of silence and calm in a busy, turbulent environment.

And yet... again, we are reminded that one of the earliest of the Buddhist tantras, the Hevajra, states that 'the yogi must always sing and dance'. I hope the importance of embodied expression is not lost amongst the colonisation and (some would say) dilution of ancient mindful practices. Much of what is on show here represents a threshold: a transition from mundane reality to engagement with primal aspects of the human condition. That's a transition we could all perhaps do with making more often.



The curators describe their offering as 'a bit of a risk': a consideration of well-being rather than their usual focus on medicine, and a whole gallery devoted to a non-Western perspective for the first time. Perhaps it will encourage visitors to take their own risks: we are reminded that Tibetan Buddhism is characterised by its 'unhesitating evocation of aspects of existence that are normally psychologically and culturally suppressed'; and confronting them in this incredible 'free destination for the incurably curious' is

a wonderful wander in our own temples: our brains, and our bodies.

**I** *Tibet's Secret Temple* runs until 28 February 2016 at the Wellcome Collection, opposite Euston Station in London. There is also a series of events to accompany the exhibition: in particular, see 'Mindfulness unpacked' with the Hubbub group. For information see <http://wellcomecollection.org/secrettemple>  
**Reviewed by Dr Jon Sutton** who is Managing Editor of *The Psychologist*

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### Some of the latest books received:

**Big Data at Work: The Data Science Revolution and Organizational Psychology** Scott Tonidandel, Eden B. King & Jose M. Cortina (Eds)  
**The Science Inside the Child** Sara Meadows  
**Play and the Human Condition** Thomas S. Henricks  
**Psychology for Sustainability (4th edn)** Britain A. Scott, Elise L. Amel, Susan M. Koger and Christie M. Manning

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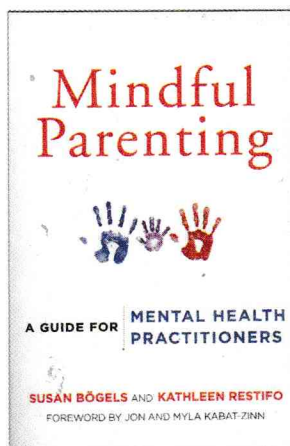


## Minding children mindfully

Mindful Parenting  
Susan Bogels & Kathleen Restifo

Stress in families can often set off a vicious spiral, with one member triggering vulnerable buttons in another, who in turn exhibits more negativity, thereby setting off a chain reaction. And when parent-child relationships fall into this tiresome trap, the onus typically falls on the parent to change the pernicious pattern. However, when children present difficult temperaments or parents themselves have their own issues to contend with, it is not easy to envisage a peaceful household. Further, when we are confronted with intractable problem situations with no simple solution, often the only option we have is to change our perception of them. A mindful orientation, where we simply observe what is happening within and around us without being judgemental, can stem the floodgates of negative emotions before they cascade and cause further havoc in a household.

In *Mindful Parenting*, the authors provide a resource book for professionals who work with distraught parents. The book provides a step-by-step programme that may be conducted with a small group of parents over eight weeks to help them cultivate



mindfulness in themselves and in their relationships. The book is a useful manual for professionals who are interested in introducing mindfulness to parents as it provides a course curriculum and includes relevant handouts. The goal of the programme is to help parents respond thoughtfully instead of giving in to their usual automatic reactions.

As the authors themselves point out, mindfulness cannot really be taught but has to be practised. Thus, the book is ideal for mental health professionals who have been practising mindfulness meditation themselves and would like to share this ancient technique, which has its roots in Buddhist thought, with parents who would like to repair their relationships with their children. The book is not meant for professionals who are unfamiliar with mindfulness as it does not provide a rationale on why we should practise this form of meditation. While *Mindful Parenting* is an excellent 'how to' book, it is not meant for novices or for those who are sceptical of the concept of mindfulness. Further, the book could have been edited with a more mindful eye as it is replete with typos.

| Norton; 2014; Pb £17.99

Reviewed by Aruna Sankaranarayanan who is Director, PRAYATNA, a centre for children with learning difficulties in India



## Most uplifting

Elaenia  
Floating Points

There have long been links between music and modern science, from studies of acoustics at the University of Cambridge in 1873 to keyboard-playing Professor Brian Cox, but London-based producer and University of London neuroscience PhD Floating Points is no D-Ream.

His debut LP, *Elaenia*, has just been released on the back of a progression of sparkling singles and EPs and offers a journey through swirling dark jazz reminiscent of the late-night paths a mind can follow but also shares calmer, more meditative moments. Composed mainly of strings, piano, drums, synths and wordless backing vocals it could be described as 'electronica' but is far from medicalised or reductive. His live shows with an 11-piece band offer an immersive set full of tension, expression and waves of emotion reflecting all aspects of human experience – hard to quantify but instantly recognisable in our response to art.

As someone intrigued by the beauty and power of the brain, *Elaenia's* detailed rhythms and patterns can appeal to the intellectual side and lead us to admire how complex layers have been interleaved with delicacy and precision. But although structured connections underpin what we



hear, in their combination they produce something intangible, far greater than the wiring that produces it, something more akin to spirituality.

Standout tracks from the concise seven presented are 'Nespole', 'Silhouettes (I, II & III)' and 'For Marmish', but the whole piece flows seductively from moment to moment with such subtlety that it could be a continuous mix.

In a recent interview Floating Points himself suggests that rather than force

parallels, music and science can exist exclusively but also harmoniously. *Elaenia* perfectly demonstrates the carefully balanced blend of system and creative freedom essential for the most uplifting of music.

| *Elaenia* was released 6 November on Pluto. There are live shows at the Brixton Electric in February 2016.

Reviewed by Dr Laura Meldrum-Carter who is a Chartered Psychologist





## Wisdom, madness and folly

The Divided Laing  
Patrick Marmion

Psych-professionals are popular characters in plays and films, but portrayals of actual people are much rarer – with the notable exception of Dr Freud. The problem is presumably not only must their work be original, interesting and accessible, but there needs to be a person worth portraying.

Step forward R.D. Laing. In the 1960s and 70s, Laing was a towering figure, both professionally and culturally. For some academics Laing still matters; but culturally, he has all but disappeared. It was therefore

compassion. But he argued that 'mental illness' was a natural reaction to an ill society, and not due to individual biology or brain chemistry. As 60s culture changed, Laing was in the right place at the right time to put his theories into practice.

The play is set in Kingsley Hall in 1970, a rundown building in east London and the location of Laing's radical attempts to turn psychiatry on its head. There, all rules were off. There were no white coats, and no division between patient and psychiatrist.

down from the roof by Joe Berke (James Russell), a gentle Jewish-American doctor who travelled to the UK to work with Laing. Aaron Esterson (Kevin McMonagle) is also glad to see Laing, but for different reasons: they're about to be thrown out of Kingsley Hall. Laing takes it all in his stride, charming and cajoling those around him to bend to his will.

But as the play progresses, tensions mount. Joe wants to leave, Cooper is challenging, the locals are rioting, and

Laing's pregnant partner Ulrike (Amiera Darwish) is about to pop. Worse, Laing's relationship with Esterson is declining – they co-founded The Philadelphia Association – and Laing is worried he may lose control of it.

Although not an out-and-out comedy, the play is undoubtedly funny, shot through with dry Glasgow humour, appropriately fruity language and farce. Oscar Pearce makes the most of the best scene when, tripped out on LSD, he recounts a surreal sexual experience whilst standing on a table in a grubby vest and Y-fronts. Cox gives a sophisticated performance, his Laing laid-back and empathetic, yet also capable of hogging the limelight and not caring who gets trampled on the way.

This is how Laing is 'divided': and towards the end, there are literally two Ronnies on the stage, as Marmion imagines what might have happened if Laing had not died in 1989, but lived on today (he'd be 88). Marmion comes down on the side of current orthodoxy – 'Take your medication, contribute to group therapy, don't misbehave and you'll be out in no

time.' You sold out, says 1970 Ronnie. No, it's because it works, replies 2015 Ronnie. Maybe both are true.

*The Divided Laing* is an accomplished piece that anyone with an interest in psychology or mental health would enjoy. And as well as this play, next year sees the release of a biopic starring David Tennant – so perhaps the name of R.D. Laing will again be known to the wider public.

**I** The play was running at the Arcola Theatre, London until 12 December 2015

**Reviewed by Kate Johnstone** who is Associate Editor (Reviews)



a smart choice by Patrick Marmion to put Laing centre-stage in his new play, *The Divided Laing* (humorously subtitled 'The Two Ronnies').

During the 1960s Laing, a qualified psychiatrist, published books such as *The Divided Self* and *The Politics of Experience*. These challenged brutal and cruel practices in mental institutions – satirised by Ken Kelsey in *One Flew over the Cuckoo's Nest* in 1962. Laing asked fundamental existential questions about the nature of mental illness in general, and schizophrenia in particular. Emotional and mental distress existed and should be responded to with kindness and

No one would receive electric shock therapy or lobotomies; and no one would take drugs: or at least, not medically prescribed ones. LSD and other recreational drugs were encouraged.

At the start of the play, Laing (Alan Cox) arrives after a long absence globe-trotting, visiting his neglected family in Glasgow, and numerous TV and radio appearances. He is fallen upon with relief by Mary Barnes (Laura-Kate Gordon), the most high-profile of Laing's patients [see 'Looking back' article at [tinyurl.com/z2wzpmg](http://tinyurl.com/z2wzpmg)]. David Cooper (Oscar Pearce), a Marxist and prominent anti-psychiatrist, is being talked





## Brave and confident

Beasts of No Nation  
Cary Fukunaga (Director)

Idris Elba was at the forefront of the trend for black British actors to turn to the States for roles of substance. He gave a stellar performance as Stringer Bell in *The Wire*, itself a trail-blazer for the now familiar long-form of TV drama. It is therefore fitting that Elba is again leading where others will surely follow, as star and producer of *Beasts of No Nation*. The film was funded by Netflix and has had 'simultaneous distribution', meaning it was available on the cable channel at the same time as a very limited cinema release.

More remarkable is that Netflix have chosen to fund a film about child soldiers, with an entirely black cast. Elba's commitment to the project no doubt helped, as did Cary Fukunaga's, responsible for direction on the brilliant first series of *True Detective*. Nonetheless, it is undoubtedly challenging subject matter, and

proves that Netflix has creative cojones as well as financial clout.

The film begins gently as we meet Agu (Abraham Attah) and his loving family, living ordinary lives in an unnamed West African village. The adults know that their country has experienced a military coup. They try to carry on as normal, but fear what is approaching. Agu and his chums are oblivious to adult concerns, and concentrate on how to charm or scam money out of the UN peacekeepers.

Inevitably, the fragile peace cannot hold, and the family has to take action to try and save themselves. But it's not enough; and the scene in which the army finally arrive at Agu's village is terrifying. Agu finds himself alone in the jungle, and is captured by the rebel force now fighting the army. Its leader is

the darkly charismatic Commandant (Idris Elba), and he knows that boys can be very useful. Agu must fight or die.

Unsurprisingly, Elba commands every scene he is in. But equally strong is 14-year-old Abraham Attah, in his first ever role. He portrays the utter helplessness of a child caught in this situation without falling into sentimentality. Some scenes are hard to watch, as Agu's situation becomes increasingly brutal, and brutalising. But it never feels gratuitous, and it is a genuine attempt to represent the experience of a child soldier (an important topic for charities

and psychologists). And the cinematography captures the beauty of this part of Africa, and the ugliness of her wars, without ever resorting to cliché.

*Beasts of No Nation* is a brave and confident film, if not an unqualified artistic success. But as HBO did with TV drama, Netflix has the potential to shake up the film industry by improving the diversity of film output, and allowing creative talent to flourish. That is a welcome step.

**I Reviewed by Kate Johnstone**  
who is Associate Editor  
(Reviews)



## Giving child sexual abuse no place to hide

The Truth About Child Sexual Abuse  
BBC2

Over the past 30 years there has been an increasing shift in our ability to acknowledge the tragic and disturbing level of child sexual abuse that takes place in our society. What was once restricted to the pages of academic journals is now visible in all forms of media. This is progress, and it has helped many victims come forward, especially in the light of Jimmy Savile and Operation Yewtree. However, during my 15 years of working with offenders and victims, I can't help feeling society has created a new 'defence mechanism' against acknowledging the extent of the problem. There are many textbooks, novels with identical covers, dramas, and TV programmes that seem to connect with people's fantasies about abuse. Although these do



create a genuine drive to protect our children, in my experience, they can often mask the truly hidden aspects of child abuse.

*The Truth About Child Sexual Abuse* challenges this with a comprehensive, engaging, accessible, emotional and yet hard-hitting programme. Psychologist Professor Tanya Byron and reporter Tazeen Ahmad use the perfect balance of qualitative and quantitative evidence to highlight the challenging aspects of sexual

abuse that professionals and the public can no longer ignore, e.g. two thirds of abuse is committed by family or those known through family; abuse by mothers is a reality; and over a third of this abuse is committed by people

under the age of 18. What this programme does is break through the inaccessible nature of academia and policy. The general public are not going to pick up research journals or the Children's Commissioner's latest report *Protecting Children from Harm* (2015), which is why communicating information through an engaging programme like this is vital.

The most important message for me was that effective child protection

requires working with abusers and those struggling with their fears of becoming one. The programme takes a comprehensive look at paedophile vs. child abuser; nature vs. nurture, cure vs. therapy, Good Lives Models, and other services that are starting to have an impact in reducing the likelihood of further abuse.

In England, between 2012 and 2014, an estimated 425,000 children were sexually abused. This informative programme is a timely reminder that however complex and challenging child protection is, we all have a responsibility to no longer hide from the truth.

**I Reviewed by Dr Oliver Sindall**  
who is a clinical psychologist  
working in youth offending  
services





## No little homunculus

**Intelligence in the Flesh: Why Your Mind Needs Your Body Much More Than It Thinks**

Guy Claxton

*Intelligence in the Flesh* takes on a currently very topical theme, the embodied mind. This is in the light of growing scientific interest in mind-body connections – for example, possible links between inflammation and depression, anxiety and gut bacteria, parasites and schizophrenia. Claxton's treatment of embodiment is both comprehensive and engaging; a colourful tour of the human form, illustrated throughout with lively metaphor, which demonstrate the central point that our brain-minds are thoroughly enmeshed with and indivisible from our bodies.

Some might think such an argument unnecessary at a time when our familiarity with neuropsychology is growing, due to frequent stories in the press complete with colourful brain 'images'. However, as the author shows, dualistic notions of mind as disconnected from and superior to the body, with a little homunculus calling the shots, still pervade much of our everyday and even scientific thinking. These ideas, when unacknowledged, can

influence our attitudes and behaviour, so that we value desk-work over physical labours or craft, become disconnected from and neglect our bodies, and measure intelligence chiefly by an ability to complete abstract logical tasks.

This is a thoroughly good read for all those who wish to understand the brain-body network more deeply – how emotions influence our decisions, perception is shaped by our goals, and how the evolution of intelligence is rooted in our ability to move. Claxton concludes with advice on how we can re-establish a connection with our bodies, for the betterment of society, education and ourselves.

Yale University Press; 2015; Hb £20.00

Reviewed by **Helen Foster-Collins** who is currently at the University of Exeter studying for an MSc in Psychological Research Methods. See <https://thepsychologist.bps.org.uk/intelligence-flesh> for an exclusive article.



## A lot of bang for your buck

**Cognitive Psychology: Revisiting the Classic Studies**

Michael W. Eysenck & David Groome (Eds.)

You don't normally expect a textbook to make you laugh out loud, but the author profiles in this one did. The quirkiness of an author's self-description sets the tone for this book; this is not a dry and dusty textbook, but a dynamic and animated discussion of how key works continue to shape the field of cognitive psychology.

Each chapter, written by leading researchers, looks at one of 15 landmark studies. Most of which will be familiar to students of cognitive psychology as they include the Stroop test, prospect theory, the cocktail party effect and more besides.

The chapters are short, sharp and succinct providing historical and background detail for each study, a detailed description of the work itself and its impact on its field and psychology as a whole. This overview doesn't do the book justice; while it is a slim volume in relation to other cognitive psychology textbooks, it packs in a surprising amount of information.

The various authors' passion for both their subject and their research really jumps off the page, grabbing the reader and bringing them along for the ride. Considering some of these studies are over 50 years old, making them seem so relevant and engaging shows why the studies included are classics. The main brief of the book is to ground these studies in the context of what was happening in psychology at the time and why these works were so groundbreaking.

The chapters' authors expand on the basic outlines to encompass what the impact of each study has been on the subject at large – in some cases launching whole new areas of study. It also moves us on, detailing work the studies have led to since. This not only allows but also positively invites the reader to think more deeply about each study and even explore beyond this book. I can see now why each chapter contains not just a list of references, but also further reading. There is much worth following up on and many questions to investigate. In two of the chapters the original researchers themselves are asked to comment on the review of the impact of their research, which adds an extra dimension.

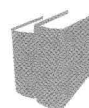
While this book will appeal to those already in the field, sufficient information is provided to give a good overview of each of the studies, enough to bring the casual reader up to speed, or provide further discussion than standard textbooks for those studying psychology.

There are two other volumes in this 'Revisited' series, covering social psychology and developmental psychology which, based on this entry in the series, I will definitely be looking forward to reading.

Sage; 2015; Pb £18.99

Reviewed by **Louise Beaton** who is an Open University psychology graduate

## Good, but at times hard to swallow



**Solution-Oriented Spirituality: Connection, Wholeness, and Possibility for Therapist and Client**

Bill O'Hanlon

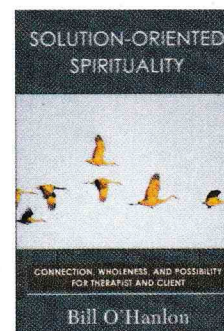
While not partaking in Marx's proverbial 'opium of the masses' but holding a spiritual practice and also liking solution-focused therapy, I eagerly awaited reviewing this book. Acknowledging that some will disagree, the author gives his view of spirituality as the practice of connection, compassion and contribution. After describing the context of religious and spiritual practice in the USA – the former notably high – he takes us through raising the subject, assessing and intervening, all peppered with vignettes. He also sets out a spirituality-based intervention that – even if you do not see the areas defined as spiritual – gives a great way of drawing out strengths from the client.

Religion, despite being identified as different from spirituality, has a dedicated chapter. And here, like inadvertently taking a mouthful of pure wasabi during an otherwise pleasant sushi meal, the beliefs expressed were less palatable for me. Being invited to challenge clients' views such as religion being 'irrational or nonscientific' or that 'God doesn't exist' as 'distorted beliefs' did not sit well with me.

So, with acknowledging differing views on science, I still appreciated exploring ways of widening my therapeutic practice in this area but was left a little disappointed.

Norton; 2015; Pb £11.99

Reviewed by **Matthew Selman** who is with Northumberland, Tyne and Wear NHS Foundation Trust







## An ambiguous, fluid and hybrid people

Celts: Art and Identity  
British Museum

If asked to describe 'Celtic art', the majority of people would, perhaps, draw on items and imagery associated with early medieval Christianity in Ireland or Scotland: the intricate interlaced designs associated with the Book of Kells, the Ardagh Chalice and the Hunterston Brooch, for instance. The

ambitious aim of the 'Celts: Art and Identity' exhibition currently on display at the British Museum is to present these items in a new light. In doing so, it explores the distinctions and continuities between different forms of Celtic arts: incorporating items of artwork made by people known to the Greeks and Romans as Celts, items of artwork associated with 'Celtic-speaking peoples', and more recently, the artistry of the Celtic revival and beyond, produced as a means of articulating a distinct 'Celtic' cultural and political heritage.

The exhibition thus operates on two levels: both to showcase a diversity of fascinating artistic objects, but also to explore the shifting meanings of 'Celticness' throughout history. British Museum Director Neil McGregor has described it as not so much a show about a people, as about a label: that of 'Celtic'. This is occasionally an uneasy

balancing act: although the objects are presented chronologically, the informative interpretation text periodically reminds the visitor not to think of 'the Celts' as a continuous ethnic group throughout history. That this balance succeeds is largely due to the power of the objects themselves, presented in such a way as to bring the visitor to a more nuanced understanding of 'the Celtic'. Towards this end, the first chronological piece of 'Celtic art' the visitor encounters is well-chosen: a 2.3m sandstone statue excavated in Holzgerlingen in South-Western Germany dating from the 5th century BC. The deliberate simplicity and abstraction of this object, and others from the area north of the Alps during the Iron Age, is contrasted to the more realist forms contemporary to the Mediterranean world. The objects also stand in stark contrast to what the visitor might have expected from an exhibition of Celtic art.

The major strength of the exhibition is to lead the visitor from the Holzgerlingen statue (see left) to the Hunterston Brooch and beyond without a sense of it feeling disjointed or jarring. Along the way, we are introduced to objects of war, of domesticity, and of decoration. The highlights include the spectacular boar-headed carnyx war-horns (complete with sound effects), alongside a magnificent collection of torcs, excavated throughout Europe. The variety of torc designs, we are told, indicates that they were probably more expressive of local identities than any unified Celtic one: identity construction through torc, as it were.

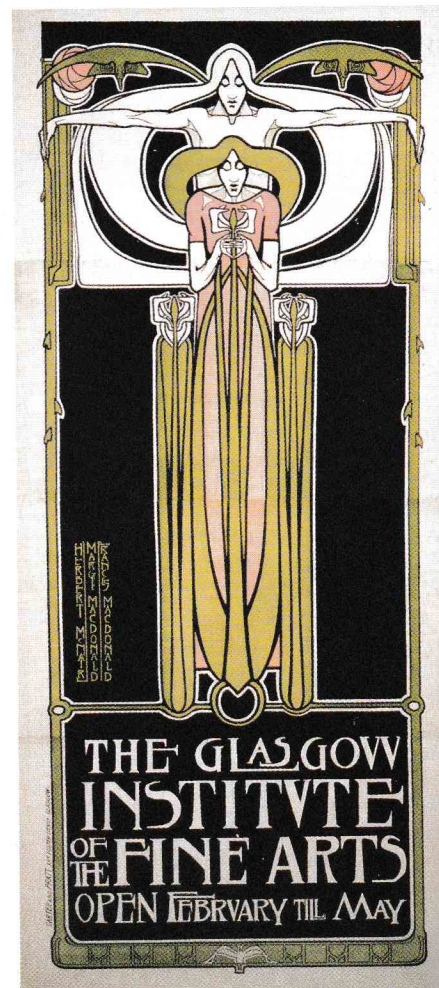
As well as these local variations, the distinctions between 'Celtic' and 'non-Celtic' art styles also become blurred. Brooches from the years following the Roman invasion of Britain indicate the emergence of a new hybridised Romano-British style, incorporating Celtic motifs on typically Roman shapes. Similarly, the presentation of 'Insular Fusion' artwork from the early

medieval Christian period demonstrates the Anglo-Saxon origins of the intricate interlace decoration now popularly thought of as 'Celtic knotwork'.

Bringing the concept of 'Celticity' up to



THE GLAZIER STATION, HOLZGERLINGEN, BADEN-WÜRTTEMBERG, GERMANY 500-400 BC. SANDSTONE, H. 2.30 M. WÜRTEMBERGISCHES LÄNDERMUSEUM, STUTTGART.

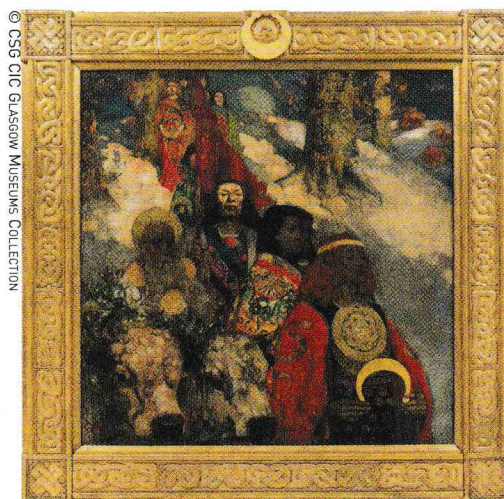


Interest in the Celtic past inspired 19th-century design



the modern day allows the exhibition to engage with the Celtic Revival, both as an artistic movement, and as a 'usable past' towards demands for greater political autonomy and liberation among what are now widely known as the 'Celtic nations'. The emphasis is mostly on the former: highlighting how growing public interest in the Celtic past, coupled with new archaeological and antiquarian discoveries (and inventions) inspired 19th-century artists in both theme and design. Some of this is undeniably melodramatic to the 21st-century eye, but of particular interest here are the more subtle usages of design within 'Celtic modernism'.

The exhibition has less to say, perhaps understandably, about the contemporary political meanings of 'Celtic' identity. Attempts by archaeologists in the 1990s to question public understandings of the Celts as a historically coherent people met with a backlash from those who characterised this as a thinly veiled revisionist attempt to undermine the cultural validity and real political concerns



'The Druids: Bringing in the Mistletoe' by George Henry and Edward Atkinson Hornel (1890) – undeniably melodramatic treatment of a Celtic theme?

of the 'Celtic nations'. Perhaps mindful of avoiding such controversy, the exhibition is at pains to stress that while 'the Celts' may not have been a recognisable ethnic/racial group in the past, this does not invalidate

'Celtic' as a collective identity in the present. As if to demonstrate this point, the final exhibits are devoted to the 'Celtic Diaspora', and include video footage of Celtic, and pan-Celtic festivals worldwide. While footage of St Patrick's Day parades in Tokyo undeniably finish the exhibition on an upbeat note, there are perhaps more problematic aspects that are glossed over in this carnivalesque portrayal of Celts worldwide: for instance, the appropriation of Celtic imagery by some far-right groups.

It may be beyond the scope of the exhibition to engage with such politically contentious matters, but it can be argued that the objects are their own best response to such appropriations. What emerges here does not easily lend itself to any notions of a singular authentic 'Celticness', but rather of ambiguity, hybridity and fluidity: a way of reading art through an identity category, rather than the art of an identifiable people.

**I Reviewed by Marc Sully** who is a Lecturer in Social Psychology at Loughborough University. The exhibition runs at the British Museum in London until 31 January, and at the National Museum of Scotland in Edinburgh from 10 March to 25 September.

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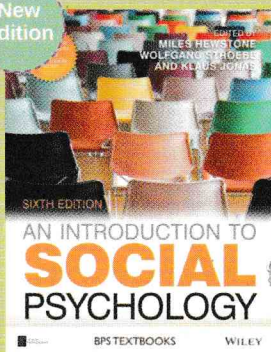
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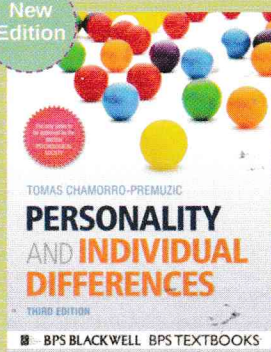
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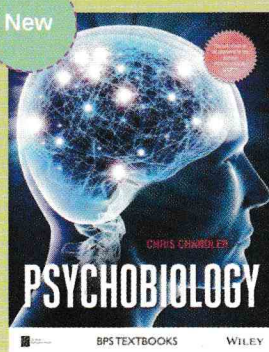
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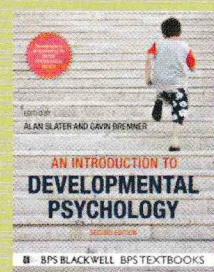
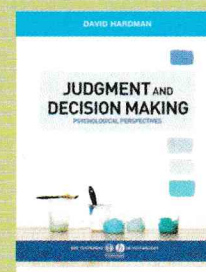
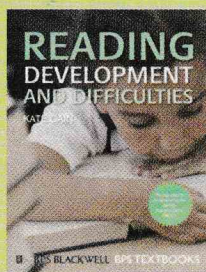
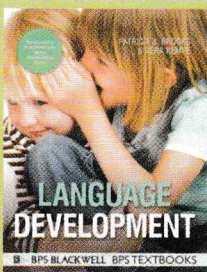
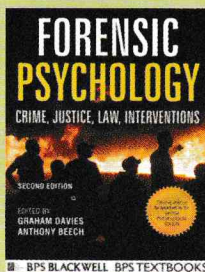
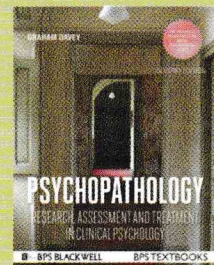
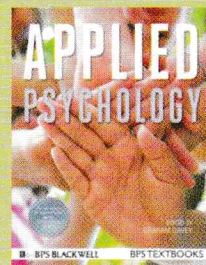
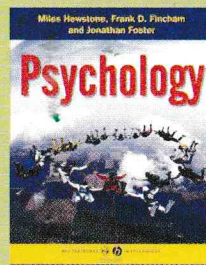
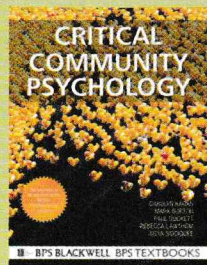
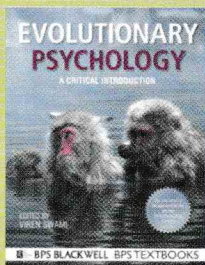
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# Screwed up, little despots?

Alice Violet turns to late 19th- and early 20th-century psychologists for the origins of stereotypes around only children

Only children are a topic that crop up again and again, whether in family and parenting articles, discussions about the legacy of China's one-child policy, or everyday conversations in which someone might be described as a 'typical only child'. Negative words and phrases including 'precocious', 'spoilt', 'selfish' and 'Little Emperors' are frequently bandied about despite the existence of numerous studies debunking such myths.

However, such attitudes are nothing new. Negative perceptions of only children can be traced back to at least 1850 in Britain, and writers who identified themselves as psychologists expressed concerns about only children as early as 1867. Tellingly, the unprecedented concern with only children coincided with an increase in only children in middle-class families, which caused alarm among eugenicists. The increasing popularity of Darwin's ideas about the importance of environment (as opposed to inborn 'goodness' or 'badness') in determining human behaviour, may also have had an impact. The only child's problems were believed to originate in the home, where they supposedly experienced too much adult company and not enough contact with other children. Not unexpectedly, one of the results of the former was said to be the over-indulgence and over-valuation of only children.

As a member of the child study movement, E.W. Bohannon's research methods were a little different to those of the other turn-of-the-century

psychologists mentioned in this article, who based their claims on clinical experience. A protégé of G. Stanley Hall, who famously wrote 'being an only child is a disease in itself', Bohannon collected information about only children by disseminating a questionnaire. This was an innovative method in the mid-1890s, although he virtually invited respondents to criticise only children – they were asked to choose and describe particular only children they knew, and in one question to 'state anything else you may think due to the fact that they are the only child, only boy, only girl, the youngest child or twins' (Bohannon, 1912, p.10). Perhaps unsurprisingly, Bohannon found only children to be 'excessively' indulged in 191 out of 266 instances (Bohannon, 1898, p.493). Several other child psychologists agreed with this assessment, with Cecil Willett Cunningham adding that too much parental attention led to only children being 'selfish, inconsiderate, with a weakly self-control' (Cunnington, 1913, p.17), and Alexandra Adler (1930, pp.195–196) identifying inferiority complexes in only children whose parents did everything for them.

Another concern expressed by late 19th- and early 20th-century child psychologists was that spending too much time with adults made only children 'precocious' and 'odd'. Once again, Bohannon led the charge, writing that as a result of constant adult company and being privy to information unbecoming their tender years, only children exhibited

a 'peculiar' mentality, language, manner and conduct, imitating the adults around them while remaining immature in other ways (Bohannon, 1898, p.494; 1912, p.26). This was corroborated by a cautionary vignette provided by Florence Hull Winterburn. A seven-year-old only child called Daisy, a frequent witness to her parents' private conversations, overheard her father deriding her aunt's latest admirer as a 'stick', but unfortunately lacked the requisite tact and understanding to keep this to herself (Winterburn, 1899, p.26).

Being an only child was also linked to anxiety, and this could take more than one form. The anxiety of the only child's parents, having 'put all their eggs in one basket', might mean the child missed out on important freedoms (Bohannon, 1898, p.496). Similarly, Cunningham wrote that only children commonly became hypochondriacs with 'over-sensitive nervous systems' as a result of undiluted parental concerns for their health (Cunnington, 1913, p.19). This undivided attention also resulted in 'hypersensitivity' and 'distorted impressions of trivial happenings' as there were no other children to distract the only child from 'yesterday's sensations' and 'morbid fancies' (Cunnington, 1913, p.17). Alfred Adler (1931/1992, p.132) felt that the only children of parents who had limited their family due to financial worries were severely affected by growing up in such an atmosphere of anxiety.

The effects of too little contact with other children in early childhood were reportedly evident in the only child's poor adjustment to school. Although Bohannon made it clear that only children wanted company just as much as sibling children, he reported that half of the only children in his study got along badly with others, as their peculiarities, engendered by their home environments, set them apart (Bohannon, 1898, pp.489, 490, 495). Mary Chadwick expanded upon this, attributing only children's unpopularity at school to their 'unchildlike ways... likes and dislikes...

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their usual attitude of superiority, criticism, and sometimes fault-finding, copied from the adults who have been their companions' (Chadwick, 1928, p.323).

These effects particularly manifested themselves when it came to games and sports. Many only children, used to a sedate environment, seemed to prefer to watch the other children play, be left alone, or stay inside with the teacher at playtime (Bohannon, 1898, p.241). Chadwick described schooldays as 'usually a reign of terror' for only children who, accustomed to winning, disliked games and sports whose set rules they could not twist to their own advantage. Naturally, these 'little despots' were unpopular with their schoolmates for always wanting to win (Chadwick, 1925, p.37). Little wonder, perhaps, that only children reportedly chose younger friends they could dominate, or older friends who indulged them (Bohannon, 1898, p.489).

Despite their precocity in some respects, only children were believed to have a below-average school performance (Bohannon, 1898, p.494). According to Bohannon's research, only children started school later and attended school less often than other children, while some over-indulgent parents allowed their only children to stay at home whenever they did not feel like going (Bohannon, 1898, pp.476, 486). When taken as a component of Alfred Adler's warnings about the effects of spoiling on children, only children might be expected to be unwilling to leave the shelter of home, not want to be at school at all, and demand attention from the teacher by constantly asking for help or causing trouble (Adler, 1931/1992, pp.137, 147).

The effects of only childhood, if not adequately addressed, were believed to continue into adulthood. Cunningham called for those parents of only children who had limited their families by choice to imagine their child's future: 'later in life he finds himself without brothers and sisters, plagued by a frail physique, an ill-balanced intellect, a weak morality, or he may discover the loneliness of his position to be unendurable to one of his sensitive nature' (Cunnington, 1913, p.20). Both Cunningham (1913, p.20) and Alfred Adler (1931/1992, pp.229, 234) suggested that only children made bad marriages. In extreme cases, it was implied that an indulged only childhood could lead to insanity in adulthood.

Henry Maudsley related the story of a 38-year-old only daughter who had been in and out of various asylums, being 'given over to drink' as well as being 'extremely violent in conduct' and '[in]capable of any self-restraint' as a result of her parents' over-indulgence. A habitual liar, 'when she could not get spirits, she was abusive, mischievous, quarrelsome, full of complaints of the injustice done to her, and truly intolerable', and she 'was the hopeless patient of every doctor who had



**'Being an only child is a disease in itself' – G. Stanley Hall**

the misfortune to have anything to do with her' (Maudsley, 1867, pp.313–314).

Prospects for only children were not regarded as universally gloomy in the early 20th century, however. From 1927 onwards, sporadic small-scale studies by psychologists operating out of American universities began to appear. Hidden away in specialist journals, they nevertheless represented a turning point in both methods (from anecdotal to statistical methods) and attitudes.

While the more 'traditional' psychologists grudgingly let only children have the occasional advantage – Bohannon (1898, p.491) allowed them a grand total of four positive characteristics, 'affection, honesty, obedience and generosity', and Chadwick (1928, p.352) praised their 'wonderful games of imagination' – some of these new investigations reported that only children showed superiority over other children in areas in which they had bad reputations. To mention a couple of examples, Ruth B. Guilford and D.A. Worcester (1930, p.420) reported that the only children in their study exhibited significantly better self-control than other children, and Ethel Mary Abernethy claimed in a 1940 article (p.307) that only children were

less neurotic than other children.

These researchers also questioned old methods and explanations. J.B. Maller (1931/1992, p.16) suggested that only children performed badly in certain character tests because they were judged by their teachers, who held prejudices against their kind, and Ross Stagner and E.T. Katzoff (1936, p.345) criticised 'convenient' explanations, based on birth order, for certain children's behaviour.

As is to be expected, these new studies were not perfect – one might question, for example, how characteristics such as 'courtesy' and even 'sissiness' were measured, and some researchers continued to look towards old explanations of parental indulgence and over-protection when discussing their findings (Campbell, 1933, pp.203–204). However, they paved the way for more recent studies, such as the considerable research undertaken by Toni Falbo as well as John Claudy, who found that 'onlies are much more like other children than they are different' (cited in Newman, 2011, p.44).

So why do these stereotypes persist? Susan Newman's 2011 book, which defends only children, offers several explanations for why only children are still regarded as 'lonely, bossy, selfish, spoiled – in short, screwed up' (p.39). These include a social and cultural expectation to have more than one child, which I would argue remains; the idea of 'source amnesia', whereby old stereotypes persist in the mind despite the presentation of evidence to the contrary; and the association between strong negative emotions and the subject of only children (Newman, 2011, pp.40, 43).

Oral histories and autobiographies of only children born between c.1845 and 1945 suggest that, in line with more recent studies, there was no typical 'only-child' experience in this period. Psychologists' ideas about only children neither prevented parents from stopping at one child, nor reflected the experiences of many actual only children, who reported going gladly to school where they adjusted well and made friends, and leading fulfilling lives as adults. This fits well with my personal experiences: an only child myself, I have met and come across other only children with completely different experiences, as well as sibling children with whom I have much in common.

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... with Kitrina Douglas

## 'Alternative stories are an antidote'

### One delusion

'You have to start young if you want to get to the top in sport!'

When my father was about 52 he stopped playing football and started playing golf. During the school holidays he lured my younger sister and me to the driving range promising us ice-creams on the way home. At the range his friend, an international golfer himself, invited my sister and I to hit some shots.

'It's a shame Kitrina didn't play when she was younger,' he said to my father, 'I think she could have been quite good.' That comment set my father's cogs turning and a few days later he put the following proposition to me: 'Would you like to leave school and play golf for a year? If you don't like it you can return and complete your A-levels. If you like it, but aren't very good, you can continue with your A-levels. But if you like it, and become good, no one can stop you, you are your own boss

and you can always complete your studies later in life.'

I went back after the school holidays and announced my intention to drop out and become a pro golfer. 'Do you think that's sensible?', my worried teacher asked. 'It's very difficult to make it in professional sport! Have you reached a high enough standard yet?' 'I don't know,' I said honestly, 'I haven't played yet'.

There are many points I could take from this, but the 'one' I want to make is this. It is increasingly becoming 'the systems' we put in place in sport that make it difficult, if not impossible, for a person to excel – rather than it being the individual not having any potential. In particular, talent development pathways in sport have increasingly become overly narrow and restrictive – more-so, it seems to me, than is good for young people or sport development.

### One parental legacy

'We just wanted her to be happy!', parents say after their child has been identified as having extreme competition-related stress and anxiety, or has self-harmed or even attempted suicide. My father didn't just want me to be happy – he asked me to seek

wisdom! Before I left on my first golf trip to America he bought a small travel Bible and asked me to read a chapter every day, suggesting I begin with Proverbs. I did as I was asked, but I remember feeling acute embarrassment doing so because I was sharing a room with two other golfers... I used to get up at 5am, lock myself in the bathroom and read my chapter. My secret never came to light until, years later, I recognised the significance of what I was reading in the shaping of my own identity and values: 'the race isn't to the swift or the battle to the strong but time and chance happen to all,' 'a gentle answer turns away wrath'. I was learning about life choices and consequences, of acting or being, one way or another. Six months later my father died; I continued reading.

### One denial

Of all the words the press tried to put into my mouth, 'Wouldn't he be proud now?' (following my father's death and my winning a big event) is probably the one sentence that I resented, and reacted to, the most. I knew my father valued me – winning an event, even the most important golf event in amateur golf, the British Amateur Championship, after only taking up the game five years earlier, would not be what would make him proud. This isn't just a personal or familial issue – as David Cameron said when the cricket team won the Ashes, 'The whole country is proud'.

It worries me when we foster in young people an expectation that they have to win a big sporting event; or do something spectacular, in order to be valued. And it worries me that when any England team lose they are supposed to feel – and enact – shame. Counter-narratives, and alternative stories, are for me, an antidote, and much of my work now relates to

challenging dominant and 'totalitarian' narratives that can be harmful, and life and identity limiting.

### One song

Over the past decade I have not only watched my good friend, research partner and songwriter David Carless write songs, but I have also begun to write songs myself from our research. One of these, a song called 'Gwithian Sands', tells the story of a woman in her 80s, who was born prior to WW2, and who never learned to write because she had to quit school and find work after her father died when she was a child. She told David and me that when she started work her teacher, understanding



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MSc

# Global Mental Health

## Work Globally – Think Locally

### Key facts

Study full time over 12 months  
or part time over 24 months

### Career prospects

Graduates of the MSc Global Mental Health programme will establish careers in national mental health policy and planning, epidemiological and mental health services research, as well as advisory and advocacy roles in governments, international agencies and non-governmental organisations.


The MSc will be of particular interest to people interested in pursuing, or already undertaking, careers in clinical psychology, psychiatry, mental health nursing and occupational therapy.

### Core courses

- Introduction to mental health and disability
- The global burden of mental health difficulties
- Cultural, social and biological determinants of mental health
- Research methods (qualitative, quantitative and health economics)
- Mental health promotion across the life-span
- Improving access to mental health care in the global context
- Mental health and disability: international law and policy
- Dissertation project linked to mental health

**WORLD  
CHANGERS  
WELCOME**

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